

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:)	CASE NO. 14-71797
)	
HP/SUPERIOR, INC.,)	Chapter 11
)	
Debtor.)	JUDGE BONAPFEL

**DEBTOR'S MONTHLY FINANCIAL REPORT
FOR THE PERIOD
FROM NOVEMBER 3, 2014 TO NOVEMBER 30, 2014**

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.



Attorney for Debtor
J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Debtor's Address
and Phone Number:

1800 New York Avenue
Superior, WI 54880

Attorney's Address
and Phone Number:

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
Tel: (404) 893-3880

SCHEDULE OF RECEIPTS AND DISBURSEMENTS


FOR THE PERIOD BEGINNING 11/3/14 AND ENDING 11/30/14

Name of Debtor: HP/Superior, Inc. Case Number 14-71797
Date of Petition: _____

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	10,871.90 (a)	(b)
2. RECEIPTS:		
A. Cash Sales	_____	_____
Minus: Cash Refunds	<u>(-)</u>	_____
Net Cash Sales	_____	_____
B. Accounts Receivable	<u>261,983.74</u>	_____
C. Other Receipts (See MOR-3)	<u>85,196.95</u>	_____
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	347,180.69	_____
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	358,052.59	_____
5. DISBURSEMENTS		
A. Advertising	_____	_____
B. Bank Charges	<u>1,301.72</u>	_____
C. Contract Labor	_____	_____
D. Fixed Asset Payments (not incl. in "N")	_____	_____
E. Insurance	<u>317.03</u>	_____
F. Inventory Payments (See Attach. 2)	_____	_____
G. Leases	_____	_____
H. Patient Care Supplies	<u>39,462.46</u>	_____
I. Office Supplies	_____	_____
J. Payroll - Net (See Attachment 4B)	<u>230,917.47</u>	_____
K. Professional Fees (Accounting & Legal)	_____	_____
L. Rent	_____	_____
M. Repairs & Maintenance	<u>4,336.60</u>	_____
N. Secured Creditor Payments (See Attach. 2)	_____	_____
O. Taxes Paid - Payroll (See Attachment 4C)	_____	_____
P. Taxes Paid - Sales & Use (See Attachment 4C)	_____	_____
Q. Taxes Paid - Other (See Attachment 4C)	_____	_____
R. Telephone	_____	_____
S. Travel & Entertainment	<u>1,050.89</u>	_____
Y. U.S. Trustee Quarterly Fees	_____	_____
U. Utilities	<u>16,099.69</u>	_____
V. Vehicle Expenses	_____	_____
W. Other Operating Expenses (See MOR-3)	<u>9,256.89</u>	_____
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	302,742.75	_____
7. ENDING BALANCE (Line 4 Minus Line 6)	55,309.84 (c)	(c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 5th day of February, 2015.


(Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Lien Repayment	32,455.85	
Loan from AltaCare Corporation	47,700.00	
Net Bank Reversals	5,041.10	
TOTAL OTHER RECEIPTS	85,196.95	

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
47,700	AltaCare Corporation	Working Capital	Administrative Expenses

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Lien Withholdings	6,986.69	
TOTAL OTHER DISBURSEMENTS	6,986.69	

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement. Will when available.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

ACCOUNTS RECEIVABLE AT PETITION DATE: \$803,505.91 As November 1 was a Saturday and effectively the October 31, 2014 balance was the balance as of the Petition Date.

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ 803,505.91 (a)
PLUS: Current Month New Billings	
MINUS: Collection During the Month	\$ (14,940.12) (b)
PLUS/MINUS: Adjustments or Writeoffs	\$ (2,253.87) *
End of Month Balance	\$ 786,311.92 (c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING
(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ 145,044.92	\$ 77,936.16	\$ 33,000.18	\$ 530,330.66	\$ 786,311.92 (c)

For any receivables in the "Over 90 Days" category, please provide the following:

Customer	Receivable Date	Status (Collection efforts taken, estimate of collectability, write-off, disputed account, etc.)
Medicaid and Medicare	Various	The Debtor continues to bill, work and collect on these accounts. \$100+ is involved in a state receivership; \$48k is awaiting various state approvals and \$70k+ is awaiting the respective cost reporting process.

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

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Billing Journal Summary
St Francis in the Park Health and Rehab (068)
For the Month of November, 2014

A/R Type	Balance Forward	Payments	Current Month	Prior Month Adjustments	Ending Balance	% of Bal Fwd Collected
CA	67,477.30		760.00		68,237.30	
CI	37,183.84	(9,120.00)	4,560.00		32,623.84	24.53%
CP	2,448.50				2,448.50	
CPM	3,648.00				3,648.00	
HM	25,584.86		5,659.10		31,243.96	
HO	8,123.37		4,042.20		12,165.57	
IN	20,378.26		3,498.64		23,876.90	
INP	3,674.03				3,674.03	
INS	875.00				875.00	
MA	74,541.23	(39,046.95)	16,159.63	470.26	52,124.17	52.38%
MB	23,020.18	(4,976.85)	8,937.81	80.00	26,981.14	21.62%
MC	42,113.54		17,595.00		59,788.54	
MR	96,174.84				96,174.84	
MRP	1,399.90				1,399.90	
MRS	2,267.90				2,267.90	
MS	247,509.03	(168,057.92)	150,480.25	1,461.30	231,392.66	67.90%
OM	925.24	(858.85)	565.49		631.88	92.82%
OP	(24.00)				(24.00)	
PM	52,730.39		8,084.40		60,814.79	
PP	53,940.31	(57,756.00)	45,985.00	(6,210.00)	35,959.31	107.07%
RL	14,545.92	(31,362.97)	29,895.66	1,944.57	15,023.18	215.61%
XB	19,404.80	(1,592.34)	1,395.30		19,207.76	8.21%
XI	1,765.98	(812.68)	884.59	1,126.07	2,963.96	46.02%
XP	334.80				334.80	
XPM	2,790.60			(1,126.07)	1,664.53	
ZB	615.09		141.37		756.46	
ZP	57.00				57.00	
Totals:	803,505.91	(313,584.56)	298,644.44	(2,253.87)	786,311.92	39.03%

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Month-end Analysis
St Francis in the Park Health and Rehab (068)

For the Month of Nov, 2014

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ident (Res #)(Discharge Date)	Nov	Oct	Sep	Aug	Jul	Jun	May	Balance	Advance Bill Amt	Total Due
ed Analysis Summary										
CA	760.00	4,864.00		4,714.40	3,247.69	3,952.00	50,699.21	68,237.30		68,237.30
CI	4,560.00	9,880.00	2,280.00	6,840.00	6,536.00	1,824.00	4,351.84	32,623.84		32,623.84
CP							2,448.50	2,448.50		2,448.50
CPM					3,496.00		152.00	3,648.00		3,648.00
CM	5,659.10	8,129.46		179.66	4,132.16		13,143.58	31,243.96		31,243.96
CO	4,042.20	4,176.94	4,042.20	2,290.58			2,386.35	12,165.57		12,165.57
CP										
N	3,498.64	3,557.64	1,637.13	7,992.69	232.32	73.84	6,884.64	23,876.90		23,876.90
IND										
INP							3,674.03	3,674.03		3,674.03
INS							875.00	875.00		875.00
LTC										
MA	16,159.63	331.41	2,988.24	6,204.75	14,301.33	12,928.13	126.50	52,124.17		52,124.17
MB	8,937.81	6,218.70	2,087.69	1,885.44	50.67		7,800.83	26,981.14		26,981.14
MC	17,595.00	18,423.00	6,210.00	2,070.00			15,490.54	59,788.54		59,788.54
MD										
MI										
MR							96,174.84	96,174.84		96,174.84
MRP							1,399.90	1,399.90		1,399.90
MRS							2,267.90	2,267.90		2,267.90
MS	81,637.10	6,582.03	8,043.27	18,589.74	4,076.01	2,236.31	118,380.22	231,392.66		231,392.66
OI										
OM	565.49	17.46	8.79				40.14	631.88		631.88
OP							24.00	24.00		24.00
PM	8,084.40	8,353.88	8,084.40	7,275.96	282.14	2,039.24	26,694.77	60,814.79		60,814.79
PP	11,399.00	1,791.27	3,588.66	5,008.39	3,096.00	84.00	40,967.31	35,959.31	42,820.00	78,779.31
RL	2,523.29	3,548.28	288.89	1,741.69	7,547.46	3,003.15	3,629.58	15,023.18	29,151.38	44,174.56
TD										
XB	1,395.30	1,500.72	365.21	1,104.91	158.16	930.38	15,962.90	19,207.76		19,207.76
XI	884.59	1,005.11	442.80	586.68	114.09	39.82	109.13	2,963.96		2,963.96
XP							334.80	334.80		334.80
XPM							1,664.53	1,664.53		1,664.53
ZB	141.37	219.08	110.22				285.79	756.46		756.46
ZI										
ZP							57.00	57.00		57.00
Totals:	145,044.92	77,936.16	33,000.18	64,275.07	39,118.01	23,462.87	403,474.71	786,311.92	71,971.38	858,283.30
	18.45%	9.91%	4.20%	8.17%	4.97%	2.98%	51.31%	100.00%		

ATTACHMENT 2
MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
<u>See Attached</u>				
TOTAL AMOUNT				<u>87,310.96</u> (b)

☐ Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	\$	-0-	(a)
PLUS: New Indebtedness Incurred This Month	\$	87,310.96	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$	-0-	
PLUS/MINUS: Adjustments	\$	-0-	*
Ending Month Balance	\$	87,310.96	(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
<u>None</u>				
TOTAL			(d)	

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

Accounts Payable

Aged Payables Report

Vendor Summary Aged As of 11/30/2014

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
104	Superior Water & Light & Power Co.	0.00	2,860.53	0.00	2,860.53	0.00	0.00	0.00	0.00
118	Telephone Associates	0.00	930.93	0.00	930.93	0.00	0.00	0.00	0.00
12	Aramark Uniform Services	0.00	22,807.58	0.00	22,807.58	0.00	0.00	0.00	0.00
127	WI Dept of Justice	0.00	90.00	0.00	90.00	0.00	0.00	0.00	0.00
160	LB Medwaste Services	0.00	72.00	0.00	72.00	0.00	0.00	0.00	0.00
2	U.S. Foodservice	0.00	15,287.78	0.00	15,287.78	0.00	0.00	0.00	0.00
207	Jean Graskey	0.00	60.19	0.00	60.19	0.00	0.00	0.00	0.00
209	A-1 Movers Inc.	0.00	1,003.50	0.00	1,003.50	0.00	0.00	0.00	0.00
21	Crandall & Associates	0.00	1,050.00	0.00	1,050.00	0.00	0.00	0.00	0.00
211	Sherry Jacobson	0.00	399.00	0.00	399.00	0.00	0.00	0.00	0.00
212	Jim Fauncezimmer	0.00	3,312.00	0.00	3,312.00	0.00	0.00	0.00	0.00
22	Charter Communications	0.00	691.79	0.00	691.79	0.00	0.00	0.00	0.00
34	De Lage Landen Financial Services, Inc.	0.00	767.06	0.00	767.06	0.00	0.00	0.00	0.00
38	SMDC Clinical Lab - (Essentia Health)	0.00	-26.30	0.00	-26.30	0.00	0.00	0.00	0.00
44	Five Rivers Management, LLC	0.00	19.95	0.00	19.95	0.00	0.00	0.00	0.00
48	Home Medical Products & Svcs	0.00	74.00	0.00	74.00	0.00	0.00	0.00	0.00
58	Long Term Care Services	0.00	4,825.51	0.00	4,825.51	0.00	0.00	0.00	0.00
59	Merwin LTC Pharmacy	0.00	2,586.37	0.00	2,586.37	0.00	0.00	0.00	0.00
8	Aegis Therapies	0.00	23,477.51	0.00	23,477.51	0.00	0.00	0.00	0.00
81	Platinum Care	0.00	6,995.75	0.00	6,995.75	0.00	0.00	0.00	0.00
9	American Healthtech	0.00	25.81	0.00	25.81	0.00	0.00	0.00	0.00
Report Totals:		0.00	87,310.96	0.00	87,310.96	0.00	0.00	0.00	0.00

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Business Date: 1/16/2015

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ Nonapplicable
 INVENTORY RECONCILIATION:
 Inventory Balance at Beginning of Month \$ (a)
 PLUS: Inventory Purchased During Month \$
 MINUS: Inventory Used or Sold \$
 PLUS/MINUS: Adjustments or Write-downs \$ *
 Inventory on Hand at End of Month \$

METHOD OF COSTING INVENTORY:

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	= <u> </u> 100%*

* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory:

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: (b)
 (Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): Non applicable

FIXED ASSETS RECONCILIATION:
 Fixed Asset Book Value at Beginning of Month \$ (a)(b)
 MINUS: Depreciation Expense \$
 PLUS: New Purchases \$
 PLUS/MINUS: Adjustments or Write-downs \$ *
 Ending Monthly Balance \$

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: None

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.
 Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP Superior, Inc. ACCOUNT NUMBER: xxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	<u>\$ 79,077.05</u>
Plus Total Amount of Outstanding Deposits	<u>\$ 0</u>
Minus Total Amount of Outstanding Checks and other debits	<u>\$ 9,031.90 *</u>
Minus Service Charges	<u>\$ 0</u>
Ending Balance per Check Register	<u>\$ 70,045.15 ** (a)</u>

*Debit cards are used by N/A

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee) N/A

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ <u>5,200.00</u>	Transferred to Payroll Account
\$ <u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

	CHECK			
<u>DATE</u>	<u>NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
See Attached				
TOTAL				\$

Date 11/28/14 Page 1
 Primary Account @XXXXXXXXXX@4290
 Enclosures 15

HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 OPERATING ACCOUNT
 1800 NEW YORK AVE
 SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 OPERATING ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CKING-RDC		Number of Enclosures	15
Account Number	@XXXXXXXXXX@4290	Statement Dates	11/03/14 thru 11/30/14
Previous Balance	29,700.61-	Days in the statement period	28
31 Deposits/Credits	211,357.61	Average Ledger	14,200.59
61 Checks/Debits	102,579.95	Average Collected	14,200.59
SERVICE CHARGE	.00		
Interest Paid	.00		
Current Balance	79,077.05		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$220.00	\$2,440.00
Return item fees year to date	\$420.00	\$1,320.00

DESCRIPTIVE CREDITS AND DEBITS

11/03 Return Item Credit	4,330.60	25,370.01-
11/03 Return Item Credit	8,433.48	16,936.53-
11/03 Return Item Credit	18,250.00	1,313.47
11/03 REVERSE OD ITEM CHARGE	30.00	1,343.47
11/03 REVERSE OD ITEM CHARGE	30.00	1,373.47

Date 11/28/14 Page 2
 Primary Account @XXXXXXXXXX@4290
 Enclosures 15

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

11/03 REVERSE OD ITEM CHARGE	30.00	1,403.47
11/03 Total of 1 Check Presented	1,480.00-	76.53-
11/03 Analysis Service Charge	174.92-	251.45-
11/03 Transfer to G/L	50.00-	301.45-
Acct No. @XXXXXXXXXX@3000		
11/03 RETURN ITEM FEE	30.00-	331.45-
11/03 RETURN ITEM FEE	30.00-	361.45-
11/03 RETURN ITEM FEE	30.00-	391.45-
11/03 Paid Item Fee	30.00-	421.45-
11/04 HCCLAIMPMT NATIONAL GOVERNMENT	3,060.79	2,639.34
HP SUPERIOR INC		
525397		
TRN*1*EFT5117231*1351840597*00		
0006001~		
11/04 Total of 3 Checks Presented	10,839.94-	8,200.60-
11/04 ANTHEM ANTHEM	435.79-	8,636.39-
001536580000		
FX17112040		
11/05 Return Item Credit	435.79	8,200.60-
11/05 Return Item Credit	775.00	7,425.60-
11/05 Return Item Credit	8,433.48	1,007.88
11/05 Return Item Credit	1,631.46	2,639.34
11/05 PER JEN ROSE TELEPHONE TRANSFER	8,954.20	11,593.54
11/05 Total of 2 Checks Presented	14,969.52-	3,375.98-
11/05 VENDOR PAY US FOODSERVICE	3,795.22-	7,171.20-
4880371951 EFTDAT		
ST*820*058712114		
BPR*C*3795.22*D*ACH*CTX*01*053		
207766*DA*2000042906937*488037		
11/05 RETURN ITEM FEE	30.00-	7,201.20-
11/05 RETURN ITEM FEE	30.00-	7,231.20-
11/05 Paid Item Fee	30.00-	7,261.20-
11/05 Paid Item Fee	30.00-	7,291.20-
11/06 Medicaid State of Wisc	19,876.10	12,584.90
HP SUPERIOR INC DBA		
31044404Y		
TRN*1*500683816*1396006469		
11/06 Total of 1 Check Presented	775.00-	11,809.90
11/06 per jen	8,954.20-	2,855.70
11/06 CONTINUOUS TAX LEVY FROM STATE	3,630.70-	775.00-
OF WI		
11/06 Paid Item Fee	30.00-	805.00-
11/07 telephone transfer per jen	5,200.00	4,395.00
rose		
11/07 Total of 1 Check Presented	4,336.60-	58.40
11/10 Total of 4 Checks Presented	6,712.69-	6,654.29-

Date 11/28/14 Page 3
 Primary Account @XXXXXXXXXX@4290
 Enclosures 15

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

11/12 Return Item Credit	839.99	5,814.30-
11/12 Return Item Credit	192.77	5,621.53-
11/12 Return Item Credit	576.43	5,045.10-
11/12 Return Item Credit	5,103.50	58.40
11/12 Total of 2 Checks Presented	1,218.33-	1,159.93-
11/12 VENDOR PAY US FOODSERVICE	4,253.55-	5,413.48-
4880371951 EFFDAT		
ST*820*059134802		
BPR*C*4253.55*D*ACH*CTX*01*053		
207766*DA*2000042906937*488037		
11/12 Paid Item Fee	30.00-	5,443.48-
11/12 RETURN ITEM FEE	30.00-	5,473.48-
11/12 RETURN ITEM FEE	30.00-	5,503.48-
11/12 RETURN ITEM FEE	30.00-	5,533.48-
11/12 RETURN ITEM FEE	30.00-	5,563.48-
11/12 Paid Item Fee	30.00-	5,593.48-
11/12 Paid Item Fee	30.00-	5,623.48-
11/13 Medicaid State of Wisc	6,996.32	1,372.84
HP SUPERIOR INC DBA		
31054172Y		
TRN*1*500687396*1396006469		
11/13 Total of 4 Checks Presented	2,904.80-	1,531.96-
11/13 CONTINUOUS TAX LEVY FROM STATE	1,372.84-	2,904.80-
OF WI		
11/14 Return Item Credit	705.94	2,198.86-
11/14 Return Item Credit	839.99	1,358.87-
11/14 Return Item Credit	1,130.00	228.87-
11/14 Return Item Credit	228.87	.00
11/14 Total of 1 Check Presented	5,103.50-	5,103.50-
11/14 RETURN ITEM FEE	30.00-	5,133.50-
11/14 RETURN ITEM FEE	30.00-	5,163.50-
11/14 RETURN ITEM FEE	30.00-	5,193.50-
11/14 RETURN ITEM FEE	30.00-	5,223.50-
11/14 Continuous Overdraft Charge	10.00-	5,233.50-
11/17 Return Item Credit	5,103.50	130.00-
11/17 RELEASE OF TAX LEVY FROM	1,372.84	1,242.84
STATE OF WI		
11/17 RELEASE OF TAX LEVY FROM	3,630.70	4,873.54
STATE OF WI		
11/17 RELEASE OF TAX LEVY FROM	23,997.82	28,871.36
STATE OF WI		
11/17 Total of 3 Checks Presented	2,600.68-	26,270.68
11/17 RETURN ITEM FEE	30.00-	26,240.68
11/18 telephone transfer per	17,000.00-	9,240.68
Jen Rose		

Date 11/28/14 Page 4
Primary Account @XXXXXXXXXX@4290
Enclosures 15

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

11/19 VENDOR PAY US FOODSERVICE	4,929.16-	4,311.52
4880371951 EFFDAT		
ST*820*059592376		
BPR*C*4929.16*D*ACH*CTX*01*053		
207766*DA*2000042906937*488037		
11/20 Medicaid State of Wisc	14,429.14	18,740.66
HP SUPERIOR INC DBA		
31064178Y		
TRN*1*500690956*1396006469		
11/21 REDEPCHECK CHARTER COMMUNIC	705.94-	18,034.72
CHECK # 0000000012		
EFFDAT		
5330903620		
11/24 Total of 2 Checks Presented	637.18-	17,397.54
11/25 Total of 2 Checks Presented	157.05-	17,240.49
11/26 VENDOR PAY US FOODSERVICE	4,645.68-	12,594.81
4880371951 EFFDAT		
ST*820*060004127		
BPR*C*4645.68*D*ACH*CTX*01*053		
207766*DA*2000042906937*488037		
11/28 HCCLAIMPMT NATIONAL GOVERNMENT	7,838.88	20,433.69
HP SUPERIOR INC		
525397		
TRN*1*EFT5162087*1351840597*00		
0006001~		
11/28 Medicaid State of Wisc	24,917.04	45,350.73
HP SUPERIOR INC DBA		
31191094Y		
TRN*1*500694440*1396006469		
11/28 HCCLAIMPMT NATIONAL GOVERNMENT	33,982.98	79,333.71
HP SUPERIOR INC		
525397		
TRN*1*EFT5159329*1351840597*00		
0006001~		
11/28 Total of 1 Check Presented	256.66-	79,077.05

Date	Check No	Amount	Date	Check No	Amount
11/06		775.00	11/21	12*	705.94
11/07		4,336.60	11/10	13	839.99
11/03	7*	1,480.00	11/13	13*	839.99
11/04	11*	775.00	11/13	16*	1,130.00
11/13	12	705.94	11/10	17	192.77

* Denotes missing check numbers

Date 11/28/14 Page 5
 Primary Account @XXXXXXXXXX@4290
 Enclosures 15

BUSINESS CKING-RDC

@XXXXXXXXXX@4290 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---			
Date	Check No	Amount	Date
11/12	21*	1,130.17	11/04
11/05	22	7,969.52	11/13
11/05	23	7,000.00	11/17
11/10	30*	576.43	11/10
11/24	30*	576.43	11/14
11/25	31	120.09	11/12
11/25	32	36.96	11/28
11/17	33	1,374.38	11/24
11/17	34	997.43	11/04

* Denotes missing check numbers

* * * DAILY BALANCE INFORMATION * * *					
Date	Balance	Date	Balance	Date	Balance
11/03	421.45-	11/12	5,623.48-	11/20	18,740.66
11/04	8,636.39-	11/13	2,904.80-	11/21	18,034.72
11/05	7,291.20-	11/14	5,233.50-	11/24	17,397.54
11/06	805.00-	11/17	26,240.68	11/25	17,240.49
11/07	58.40	11/18	9,240.68	11/26	12,594.81
11/10	6,654.29-	11/19	4,311.52	11/28	79,077.05

SUPERIOR, INC. (185)
OPERATING BANK RECONCILIATION
(185) 1-0000-1000004

November 30, 2014

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

	Per Bank	Per Books
BEGINNING GL BALANCE		(127,540.97)
ENDING BANK BALANCE	<u>79,077.05</u>	
FACILITY DEPOSITS		111,101.25
WIRE TRANSFERS IN - INTERCO		14,154.20
WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS		
WIRE TRANSFERS OUT - INTERCO		(8,954.20)
WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS		(17,000.00)
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(26,973.00)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(111,072.87)	
ANALYSIS CHARGE		(174.92)
NSF/OVERDRAFT FEES		(550.00)
WIRE FEES		
CASHIER CHECK FEES		(6.00)
MISCELLANEOUS ITEMS:		
11/03/14 Bank Fee for Remote Deposit Machine		(50.00)
11/06/14 Tax Levy State of WI		(3,630.70)
11/13/14 Tax Levy State of WI		(1,372.84)
11/17/14 Tax Levy State of WI Release		1,372.84
11/17/14 Tax Levy State of WI Release		3,630.70
11/17/14 Tax Levy State of WI Release		23,997.82
	<u>(31,995.82)</u>	<u>(31,995.82)</u>

Difference between Bank and Books

Prepared by: 

Approved by: _____

12/23/2014

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
November 30, 2014
NATIONAL BANK OF COMMERCE (ENDING 4290)

TOTAL OUTSTANDING CHECKS ----->			<u>111,072.87</u>
CHECK #	DATE	PAYEE	AMOUNT
282	10/03/13	Aramark Uniform Services Inc.	5,612.28
324	11/12/13	Long Term Care Services	2,524.20
60151	04/30/14	Pathways To Achievement Inc.	2,000.00
60204	07/09/14	Amara Healthcare	41,000.00
60239	08/08/14	SMDC Clinical Lab - (Essentia Health)	379.25
60245	08/08/14	Pathways To Achievement Inc.	393.00
60252	08/15/14	Superior USA Corporation	1,009.08
60259	08/15/14	Essentia Health	351.41
60265	08/15/14	SMDC Clinical Lab - (Essentia Health)	361.42
60267	08/15/14	Jamar Company (Arrowhead)	1,880.00
60271	08/15/14	Pathways To Achievement Inc.	321.50
60302	09/26/14	Crest Healthcare Supply	761.01
60304	09/26/14	Belknap Plumbing & Heating	668.80
60308	09/26/14	SMDC Clinical Lab - (Essentia Health)	319.75
60313	09/26/14	Otis Elevator Company	1,631.46
60314	09/26/14	Pathways To Achievement Inc.	566.50
60315	09/26/14	Professional Portable X-Ray, Inc.	174.67
60344	10/16/14	Juliana Lundberg	400.00
1	10/17/14	Superior USA Corporation	274.22
2	10/17/14	St. Luke's Hospital	70.00
4	10/17/14	Tri-State Business Systems	109.74
5	10/17/14	WI Dept of Justice	30.00
6	10/17/14	Essentia Health	180.00
8	10/17/14	Belknap Plumbing & Heating	164.41
9	10/17/14	RF Technologies, Inc.	1,606.44
10	10/17/14	Servpro of the Twin Ports	1,888.94
13	10/17/14	De Lage Landen Financial Services, Inc.	839.99
14	10/17/14	SMDC Clinical Lab - (Essentia Health)	358.00
16	10/17/14	Home Medical Products & Svcs	1,130.00
17	10/17/14	Briggs	192.77
18	10/17/14	Pathways To Achievement Inc.	499.25
19	10/17/14	Professional Portable X-Ray, Inc.	305.82
20	10/17/14	Gary Peterson, M.D.	2,250.00
35	10/29/14	Aramark Uniform Services	8,433.48
36	10/29/14	Amara Healthcare	18,250.00
38	10/31/14	Health Partners	5,103.50
41	11/14/14	Jean Graskey	37.64
43	11/14/14	Petty Cash	681.19
44	11/14/14	Petty Cash	2,000.00
45	11/14/14	Petty Cash	1,913.40
46	11/14/14	Petty Cash	1,099.74
47	11/14/14	Petty Cash	350.01
48	11/24/14	Petty Cash	2,950.00

End

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	\$ 13,588.53
Plus Total Amount of Outstanding Deposits	\$ 0
Minus Total Amount of Outstanding Checks and other debits	\$28,323.84 *
Minus Service Charges	\$ 0
Ending Balance per Check Register	\$(14,735.31) **(a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:** A transfer from the Operating Account would be made the first of December.

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (185)
PAYROLL BANK RECONCILIATION
(185) 1-0000-1000005

November 30, 2014

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4308)

	Per Bank	Per Books
BEGINNING GL BALANCE		(55,343.18)
ENDING BANK BALANCE	<u>13,588.53</u>	
FACILITY DEPOSITS		86,678.35
WIRE TRANSFERS IN - INTERCO		102,791.04
WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS		17,000.00
WIRE TRANSFERS OUT - INTERCO		-
WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS		-
PAYROLL CHECKS 11/14/14 (#8953-9086)		(92,683.64)
PAYROLL CHECKS 11/14/14 (Reverse Invalid Check #9086)		4,539.87
PAYROLL CHECKS 11/28/14 (#9087-9202)		(85,131.91)
PAYROLL CHECKS 11/28/14 (Reverse Invalid Check #9202)		4,185.18
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(28,323.84)	
EFT TAX PAYMENT - IRS - xx/xx/xx		-
EFT TAX PAYMENT - IRS - xx/xx/xx		-
EFT TAX PAYMENT - STATE - xx/xx/xx		-
EFT TAX PAYMENT - STATE - xx/xx/xx		-
PROLIANT AP PAYMENT - 11/13/14		(545.45)
PROLIANT AP PAYMENT - 11/26/14		(244.75)
ANALYSIS CHARGE		(106.80)
NSF/OVERDRAFT FEES		(330.00)
WIRE FEES		-
CASHIER CHECK FEES		-
VOIDED CHECKS		
Check #8641 to AES dated 10/03/14 (garnishment check)		170.25
Check #8853 dated 10/31/14 to Kohn Law Firm (refunded back to employee on 11/28/14)		220.76
Check #7119 dated 02/21/14 to M. Edwards (paid through petty cash)		508.24
Check #7129 dated 02/21/14 to J. Williams (paid through petty cash)		171.99
Check #8648 dated 10/17/14 to K. Gustafson (paid through petty cash)		1,488.14
Check #8649 dated 10/17/14 to K. Gustafson (paid through petty cash)		425.26
MISCELLANEOUS ITEMS:		
11/06/14 Tax Levy from State of WI		(1,822.63)
11/13/14 Tax Levy from State of WI		(160.52)
11/17/14 Tax Levy from State of WI Released		160.52
11/17/14 Tax Levy from State of WI Released		1,471.34
11/17/14 Tax Levy from State of WI Released		1,822.63
	<u>(14,735.31)</u>	<u>(14,735.31)</u>
Difference between Bank and Books		0.00

Prepared by: 

Approved by: _____

12/16/2014

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
November 30, 2014

NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTSTANDING CHECKS -----> 28,323.84

CHECK #	PAYEE	DATE	AMOUNT
5023	Boyd, Dorothy	02/22/13	285.89
5177	Guenard, Taylor	03/22/13	3.22
8676	Houle, Marcia	10/17/14	745.41
8907	Sherlock, Kelly	10/31/14	6.71
9060	Odell, Barbara	11/14/14	184.70
9087	Edwards, Molly	11/28/14	435.70
9088	Gainey, Mark	11/28/14	898.11
9089	Gainey, Mark	11/28/14	308.92
9092	Hieb, April	11/28/14	1,269.84
9093	Hieb, April	11/28/14	173.35
9096	Johnston, Hannah	11/28/14	1,830.33
9097	Johnston, Hannah	11/28/14	184.70
9113	Belanger, Sarah	11/28/14	273.24
9119	DeMoure, Brooke	11/28/14	448.29
9121	Hall, Angela	11/28/14	387.62
9126	Kidder, Rebecca	11/28/14	343.49
9127	Kolehmainen, Tiffany	11/28/14	499.19
9130	Lundgren, Danielle	11/28/14	384.37
9133	Outzen, Jennifer	11/28/14	669.56
9134	Peterson, Shelley Marie	11/28/14	72.52
9135	Radtke, Kathleen	11/28/14	991.34
9136	Reed, Toni	11/28/14	202.73
9137	Rogers, Amber	11/28/14	654.41
9139	Sanders, Courtney	11/28/14	552.43
9141	Sherlock, Kelly	11/28/14	38.59
9146	Wise, Charity	11/28/14	446.99
9148	Lundberg, Juliana	11/28/14	2,085.22
9149	Lundberg, Juliana	11/28/14	184.70
9150	Rose, Jennifer	11/28/14	1,858.24
9151	Rose, Jennifer	11/28/14	173.35
9153	Broadwell, Catherine	11/28/14	898.16
9155	Susnik, Aili	11/28/14	214.45
9156	Wickstrom, Marilyn	11/28/14	213.44
9160	Jacobson, Sherry	11/28/14	1,255.46
9161	Jacobson, Sherry	11/28/14	184.71
9163	Kotz, Ashley	11/28/14	396.27
9165	Riley, Jessica	11/28/14	296.60
9172	Carr, Amanda	11/28/14	138.56
9177	Odell, Barbara	11/28/14	896.34
9180	Warner, Katrina	11/28/14	1,072.70
9181	Warner, Katrina	11/28/14	173.35
9184	Duffy, Thomas	11/28/14	1,342.85
9185	Duffy, Thomas	11/28/14	184.70
9188	Anderson, Ian	11/28/14	1,450.84
9189	Anderson, Ian	11/28/14	184.70
9194	Gervais, Destiny	11/28/14	1,077.50
9195	Gervais, Destiny	11/28/14	304.98
9197	WI SCTF	11/28/14	126.46
9198	WI Council 40, Per Capita	11/28/14	770.74
9199	Hartford Life	11/28/14	174.23
9200	Range Credit Bureau Inc	11/28/14	281.17
9201	Minnesota Child Support Payment Center	11/28/14	92.47

End

Date 11/28/14 Page 1
 Primary Account @XXXXXXXXXX@4308
 Enclosures 277

HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 PAYROLL ACCOUNT
 1800 NEW YORK AVE
 SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 PAYROLL ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CHECKING		Number of Enclosures	277
Account Number	@XXXXXXXXXX@4308	Statement Dates	11/03/14 thru 11/30/14
Previous Balance	9,468.43	Days in the statement period	28
14 Deposits/Credits	209,923.88	Average Ledger	7,387.36
286 Checks/Debits	205,803.78	Average Collected	7,387.36
SERVICE CHARGE	.00		
Interest Paid	.00		
Current Balance	13,588.53		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$330.00	\$2,730.00
Return item fees year to date	\$.00	\$630.00

DESCRIPTIVE CREDITS AND DEBITS

11/03 transfer by JEN ROSE	20,000.00	29,468.43
11/03 CHECKING DEPOSIT	19,013.79	48,482.22
11/03 Total of 40 Checks Presented	36,745.75-	11,736.47
11/03 Analysis Service Charge	106.80-	11,629.67
11/04 Total of 10 Checks Presented	8,587.22-	3,042.45

Date 11/28/14 Page 2
 Primary Account @XXXXXXXXXX@4308
 Enclosures 277

BUSINESS CHECKING @XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

11/05 Total of 2 Checks Presented	1,219.82-	1,822.63
11/06 CHECKING DEPOSIT	7,972.86	9,795.49
11/06 Total of 3 Checks Presented	4,112.01-	5,683.48
11/06 CONTINUOUS TAX LEVY FROM STATE OF WI	1,822.63-	3,860.85
11/07 Total of 3 Checks Presented	3,538.89-	321.96
11/10 Total of 7 Checks Presented	3,948.74-	3,626.78-
11/10 Paid Item Fee	30.00-	3,656.78-
11/10 Paid Item Fee	30.00-	3,686.78-
11/10 Paid Item Fee	30.00-	3,716.78-
11/10 Paid Item Fee	30.00-	3,746.78-
11/12 CHECKING DEPOSIT	4,579.21	832.43
11/12 Total of 1 Check Presented	126.46-	705.97
11/13 PD BILL GA0582 HP/SUPERI ST FRANCIS HOME IN THE GA0582	545.45-	160.52
11/13 CONTINUOUS TAX LEVY FROM STATE OF WI	160.52-	.00
11/14 Wire Transfer Credit ALTACARE CORPORATION 5895 WINDWARD PKWY SUITE 200 ALPHARETTA, GA 30005-20141114E3QP0A1C000888 20141114QMGFNP72002722 11141543FT03	22,500.00	22,500.00
11/14 CHECKING DEPOSIT	32,894.00	55,394.00
11/14 Total of 80 Checks Presented	55,785.27-	391.27-
11/14 Paid Item Fee	30.00-	421.27-
11/14 Paid Item Fee	30.00-	451.27-
11/17 RELEASE OF TAX LEVY FROM STATE OF WI	160.52	290.75-
11/17 RELEASE OF TAX LEVY FROM STATE OF WI	1,471.34	1,180.59
11/17 RELEASE OF TAX LEVY FROM STATE OF WI	1,822.63	3,003.22
11/17 CHECKING DEPOSIT	950.00	3,953.22
11/17 CHECKING DEPOSIT	10,785.00	14,738.22
11/17 Total of 24 Checks Presented	17,129.58-	2,391.36-
11/17 Paid Item Fee	30.00-	2,421.36-
11/17 Paid Item Fee	30.00-	2,451.36-
11/17 Paid Item Fee	30.00-	2,481.36-
11/18 telephone transfer per Jen Rose	17,000.00	14,518.64
11/18 Total of 12 Checks Presented	7,200.71-	7,317.93
11/19 Total of 3 Checks Presented	1,635.31-	5,682.62

Date 11/28/14 Page 3
 Primary Account @XXXXXXXXXX@4308
 Enclosures 277

BUSINESS CHECKING @XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

11/20 Total of 4 Checks Presented	536.04-	5,146.58
11/21 Total of 6 Checks Presented	4,299.02-	847.56
11/25 Total of 3 Checks Presented	1,817.68-	970.12-
11/25 Paid Item Fee	30.00-	1,000.12-
11/25 Paid Item Fee	30.00-	1,030.12-
11/26 telephone trans per jen	60,291.04	59,260.92
11/26 CHECKING DEPOSIT	10,483.49	69,744.41
11/26 Total of 4 Checks Presented	2,062.31-	67,682.10
11/26 PD BILL GA0582 HP/SUPERI	244.75-	67,437.35
ST FRANCIS HOME IN THE		
GA0582		
11/28 Total of 68 Checks Presented	53,848.82-	13,588.53

--- CHECKS IN CHECK NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
11/03	8706	1,858.24	11/03	8886*	116.16
11/03	8717*	23.03	11/14	8888*	296.74
11/19	8718	1,186.03	11/04	8893*	269.61
11/12	8848*	126.46	11/03	8894	995.52
11/25	8849	778.95	11/03	8895	666.78
11/10	8850	159.15	11/04	8897*	465.69
11/07	8851	196.53	11/03	8898	1,550.51
11/10	8852	92.47	11/03	8900*	1,002.15
11/03	8855*	686.72	11/10	8902*	923.11
11/03	8858*	425.26	11/03	8903	704.41
11/03	8859	755.26	11/03	8908*	921.30
11/04	8860	1,040.54	11/05	8909	426.14
11/06	8861	2,211.31	11/03	8912*	1,363.66
11/06	8862	436.36	11/04	8913	461.24
11/06	8863	1,464.34	11/10	8916*	631.72
11/04	8864	1,263.36	11/10	8917	2,085.22
11/03	8866*	192.10	11/07	8918	1,858.24
11/03	8867	1,952.22	11/03	8919	1,466.02
11/14	8869*	245.13	11/03	8920	933.20
11/10	8870	26.31	11/03	8921	1,360.38
11/03	8871	1,154.20	11/03	8923*	37.64
11/03	8872	400.28	11/03	8924	535.03
11/03	8873	1,790.41	11/03	8925	1,290.32
11/03	8874	1,847.63	11/03	8926	1,272.19
11/03	8875	978.88	11/04	8927	1,255.46
11/03	8879*	746.29	11/10	8929*	30.76
11/03	8880	569.40	11/03	8931*	879.43
11/05	8882*	793.68	11/03	8934*	918.23

* Denotes missing check numbers

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 Primary Account @XXXXXXXXXXXX@4308
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BUSINESS CHECKING @XXXXXXXXXXXX@4308 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---			
Date	Check No	Amount	Date
11/03	8935	1,000.10	11/14
11/03	8936	126.35	11/14
11/04	8938*	480.75	11/20
11/03	8940*	1,272.25	11/18
11/03	8941	992.53	11/14
11/04	8944*	1,072.70	11/14
11/04	8945	1,200.37	11/17
11/03	8946	647.49	11/14
11/07	8947	1,484.12	11/17
11/03	8948	489.38	11/14
11/03	8949	1,200.91	11/14
11/03	8950	782.84	11/17
11/04	8951	1,077.50	11/14
11/03	8952	841.05	11/14
11/17	8953	621.48	11/14
11/14	8954	919.51	11/14
11/17	8955	1,945.98	11/17
11/17	8956	455.55	11/14
11/25	8957	343.90	11/14
11/17	8958	1,167.37	11/17
11/17	8959	2,105.74	11/17
11/17	8960	173.35	11/19
11/26	8961	1,554.88	11/18
11/26	8962	184.70	11/18
11/17	8963	1,084.85	11/17
11/17	8964	184.70	11/14
11/14	8965	1,712.90	11/14
11/14	8966	2,514.85	11/14
11/14	8967	609.10	11/14
11/14	8968	748.05	11/14
11/14	8969	1,280.55	11/14
11/14	8970	184.70	11/14
11/17	8971	147.76	11/14
11/14	8972	2,030.33	11/14
11/14	8973	184.70	11/14
11/14	8974	1,486.19	11/14
11/14	8975	173.35	11/17
11/14	8976	771.53	11/17
11/14	8977	184.70	11/14
11/14	8978	1,320.11	11/21
11/14	8979	335.57	11/21
11/14	8980	484.76	11/18
11/14	8981	328.01	11/18
11/20	8982	115.30	11/14
11/17	8983	607.55	11/14

* Denotes missing check numbers

Date 11/28/14 Page 5
 Primary Account @XXXXXXXXXX@4308
 Enclosures 277

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date		Check No	Amount	Date	Check No	Amount
11/14	9029		942.87	11/14	9075	612.52
11/14	9030		184.70	11/14	9076	173.35
11/14	9031		1,360.36	11/18	9077	1,077.49
11/14	9032		184.70	11/18	9078	184.70
11/14	9033		237.93	11/14	9079	817.27
11/14	9034		447.38	11/14	9080	184.70
11/14	9035		1,272.19	11/20	9081	126.46
11/14	9036		1,290.32	11/25	9082	694.83
11/14	9037		120.73	11/21	9083	164.16
11/17	9038		1,255.46	11/19	9084	196.54
11/17	9039		184.70	11/20	9085	92.47
11/14	9040		360.06	11/28	9090*	1,468.71
11/18	9041		258.08	11/28	9091	184.70
11/14	9042		181.50	11/28	9094*	2,107.72
11/21	9043		262.69	11/28	9095	306.68
11/14	9044		516.19	11/28	9098*	1,265.84
11/14	9045		829.27	11/28	9099	184.70
11/26	9046		173.35	11/28	9100	1,587.68
11/14	9047		427.24	11/28	9101	609.83
11/14	9048		642.93	11/28	9102	2,185.37
11/14	9049		838.27	11/28	9103	528.18
11/14	9050		123.35	11/28	9104	1,186.91
11/14	9051		1,133.97	11/28	9105	2,308.22
11/14	9052		184.70	11/28	9106	1,303.55
11/26	9053		149.38	11/28	9107	747.55
11/14	9054		760.47	11/28	9108	1,115.73
11/18	9055		445.84	11/28	9109	513.58
11/14	9056		683.01	11/28	9110	91.00
11/14	9057		1,272.23	11/28	9111	825.72
11/14	9058		184.70	11/28	9112	585.76
11/18	9059		740.40	11/28	9114*	809.53
11/14	9061*		767.77	11/28	9115	587.15
11/14	9062		581.51	11/28	9116	684.16
11/18	9063		1,072.70	11/28	9117	694.03
11/18	9064		173.35	11/28	9118	1,333.84
11/17	9065		1,386.18	11/28	9120*	860.61
11/17	9066		184.70	11/28	9122*	511.45
11/14	9067		658.60	11/28	9123	1,139.96
11/14	9068		46.17	11/28	9124	440.06
11/21	9069		1,417.55	11/28	9125	631.50
11/21	9070		184.70	11/28	9128*	535.46
11/14	9071		1,230.47	11/28	9129	539.85
11/17	9072		1,115.25	11/28	9131*	1,303.51
11/14	9073		184.70	11/28	9132	665.36
11/14	9074		782.85	11/28	9138*	789.29

* Denotes missing check numbers

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 Primary Account @XXXXXXXXXX@4308
 Enclosures 277

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---			
Date	Check No	Amount	Amount
11/28	9140*	157.89	933.17
11/28	9142*	853.01	1,168.13
11/28	9143	521.39	838.67
11/28	9144	504.04	761.01
11/28	9145	917.14	509.80
11/28	9147*	1,396.22	1,272.25
11/28	9152*	1,466.02	655.02
11/28	9154*	1,360.38	523.02
11/28	9157*	512.16	365.52
11/28	9158	1,290.31	229.60
11/28	9159	119.51	731.13
11/28	9162*	359.77	88.31
11/28	9164*	185.94	1,217.83
11/28	9166*	429.07	423.71
11/28	9167	812.30	782.85
11/28	9168	56.31	431.70
11/28	9169	525.98	816.47

* Denotes missing check numbers

* * * DAILY BALANCE INFORMATION * * *					
Date	Balance	Date	Balance	Date	Balance
11/03	11,629.67	11/12	705.97	11/20	5,146.58
11/04	3,042.45	11/13	.00	11/21	847.56
11/05	1,822.63	11/14	451.27-	11/25	1,030.12-
11/06	3,860.85	11/17	2,481.36-	11/26	67,437.35
11/07	321.96	11/18	7,317.93	11/28	13,588.53
11/10	3,746.78-	11/19	5,682.62		

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St Francis Home In The Park

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Bank Account	Transit Number	Bank Name	Description			
4308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT			
Payroll Checks						
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep
8953	<input type="checkbox"/> Reg	11/14/2014	82444	Edwards, Molly	621.48	0.00
8954	<input type="checkbox"/> Reg	11/14/2014	999873	Gainey, Mark	919.51	0.00
8955	<input type="checkbox"/> Reg	11/14/2014	027089	Godbold, Jennifer	1,945.98	0.00
8956	<input type="checkbox"/> Reg	11/14/2014	027089	Godbold, Jennifer	455.55	0.00
8957	<input type="checkbox"/> Reg	11/14/2014	068737	Gustafson, Karissa	343.90	0.00
8958	<input type="checkbox"/> Reg	11/14/2014	235000	Hieb, April	1,167.37	0.00
8959	<input type="checkbox"/> Reg	11/14/2014	789981	Johnson, Karen	2,105.74	0.00
8960	<input type="checkbox"/> Reg	11/14/2014	789981	Johnson, Karen	173.35	0.00
8961	<input type="checkbox"/> Reg	11/14/2014	199409	Johnston, Hannah	1,554.88	0.00
8962	<input type="checkbox"/> Reg	11/14/2014	199409	Johnston, Hannah	184.70	0.00
8963	<input type="checkbox"/> Reg	11/14/2014	944582	Kovach, Jessica	1,084.85	0.00
8964	<input type="checkbox"/> Reg	11/14/2014	944582	Kovach, Jessica	184.70	0.00
8965	<input type="checkbox"/> Reg	11/14/2014	157910	Nelson, Brittini	1,712.90	0.00
8966	<input type="checkbox"/> Reg	11/14/2014	923629	Prock, Kelly	2,514.85	0.00
8967	<input type="checkbox"/> Reg	11/14/2014	923629	Prock, Kelly	609.10	0.00
8968	<input type="checkbox"/> Reg	11/14/2014	747018	Ayers, Lauri	748.05	0.00
8969	<input type="checkbox"/> Reg	11/14/2014	066163	Radtke, Alecia	1,280.55	0.00
8970	<input type="checkbox"/> Reg	11/14/2014	066163	Radtke, Alecia	184.70	0.00
8971	<input type="checkbox"/> Reg	11/14/2014	703467	Riddell-Wade, Mary	147.76	0.00
8972	<input type="checkbox"/> Reg	11/14/2014	999870	Schnepper, Dawn	2,030.33	0.00
8973	<input type="checkbox"/> Reg	11/14/2014	999870	Schnepper, Dawn	184.70	0.00
8974	<input type="checkbox"/> Reg	11/14/2014	846167	Swonger, Ilo	1,486.19	0.00
8975	<input type="checkbox"/> Reg	11/14/2014	846167	Swonger, Ilo	173.35	0.00
8976	<input type="checkbox"/> Reg	11/14/2014	887403	Anderson, Brenda	771.53	0.00
8977	<input type="checkbox"/> Reg	11/14/2014	887403	Anderson, Brenda	184.70	0.00
8978	<input type="checkbox"/> Reg	11/14/2014	841445	Anderson, Tina	1,320.11	0.00
8979	<input type="checkbox"/> Reg	11/14/2014	139922	Androski, Katie	335.57	0.00
8980	<input type="checkbox"/> Reg	11/14/2014	961250	Ayers, Meagen	484.76	0.00
8981	<input type="checkbox"/> Reg	11/14/2014	115245	Beckwell, Lily	328.01	0.00
8982	<input type="checkbox"/> Reg	11/14/2014	157977	Belanger, Sarah	115.30	0.00
8983	<input type="checkbox"/> Reg	11/14/2014	864510	Birk, Randal	607.55	0.00
8984	<input type="checkbox"/> Reg	11/14/2014	999875	Bodendorfer, Alexandra	780.09	0.00
8985	<input type="checkbox"/> Reg	11/14/2014	920865	Chiles, Sarah	854.77	0.00
8986	<input type="checkbox"/> Reg	11/14/2014	924554	Collins, Emily	201.81	0.00
8987	<input type="checkbox"/> Reg	11/14/2014	721413	Collins, Salina	179.97	0.00
8988	<input type="checkbox"/> Reg	11/14/2014	290506	D'Auria, Kiley	701.29	0.00
8989	<input type="checkbox"/> Reg	11/14/2014	925354	Degraef, Elizabeth	1,301.69	0.00
8990	<input type="checkbox"/> Reg	11/14/2014	734876	DeMoure, Brooke	539.24	0.00
8991	<input type="checkbox"/> Reg	11/14/2014	22780	Espejo, Carolyn	936.63	0.00
8992	<input type="checkbox"/> Reg	11/14/2014	848810	Hall, Angela	379.22	0.00
8993	<input type="checkbox"/> Reg	11/14/2014	116920	Houle, Marcia	651.38	0.00
8994	<input type="checkbox"/> Reg	11/14/2014	983557	Howes, Kathlina	802.51	0.00
8995	<input type="checkbox"/> Reg	11/14/2014	677791	Jillson, Laura	479.82	0.00
8996	<input type="checkbox"/> Reg	11/14/2014	686608	Johnson, Joan	693.29	0.00
8997	<input type="checkbox"/> Reg	11/14/2014	25628	Kolehmainen, Tiffany	973.20	0.00
8998	<input type="checkbox"/> Reg	11/14/2014	231832	Kozak, Casey	588.01	0.00
8999	<input type="checkbox"/> Reg	11/14/2014	154173	Loughren, Samantha	697.66	0.00
9000	<input type="checkbox"/> Reg	11/14/2014	114097	Lundgren, Danielle	493.35	0.00
9001	<input type="checkbox"/> Reg	11/14/2014	787262	Neigebauer, Tara	1,623.04	0.00
9002	<input type="checkbox"/> Reg	11/14/2014	787262	Neigebauer, Tara	184.70	0.00
9003	<input type="checkbox"/> Reg	11/14/2014	82333	OFlanagan, Andrea	747.38	0.00
9004	<input type="checkbox"/> Reg	11/14/2014	922627	Outzen, Jennifer	797.72	0.00
9005	<input type="checkbox"/> Reg	11/14/2014	801276	Peterson, Shelley Marie	252.74	0.00
9006	<input type="checkbox"/> Reg	11/14/2014	667800	Radtke, Kathleen	913.23	0.00
9007	<input type="checkbox"/> Reg	11/14/2014	667800	Radtke, Kathleen	123.35	0.00
9008	<input type="checkbox"/> Reg	11/14/2014	747465	Rogers, Amber	579.39	0.00
9009	<input type="checkbox"/> Reg	11/14/2014	540652	Ross, Margaret	714.34	0.00
9010	<input type="checkbox"/> Reg	11/14/2014	085921	Sanders, Courtney	561.45	0.00
9011	<input type="checkbox"/> Reg	11/14/2014	085921	Sanders, Courtney	453.10	0.00
9012	<input type="checkbox"/> Reg	11/14/2014	113942	Schnautz, Amber	373.26	0.00
9013	<input type="checkbox"/> Reg	11/14/2014	296045	Strandness, Kayla	835.63	0.00
9014	<input type="checkbox"/> Reg	11/14/2014	296045	Strandness, Kayla	184.70	0.00
9015	<input type="checkbox"/> Reg	11/14/2014	393281	Vang, Jiyon	421.53	0.00
9016	<input type="checkbox"/> Reg	11/14/2014	291643	Vukelich, Sarah	580.75	0.00
9017	<input type="checkbox"/> Reg	11/14/2014	925650	Wennersten, Erin	229.25	0.00
9018	<input type="checkbox"/> Reg	11/14/2014	945947	Winkler-Peterson, Angala	1,688.66	0.00
9019	<input type="checkbox"/> Reg	11/14/2014	945947	Winkler-Peterson, Angala	184.70	0.00
9020	<input type="checkbox"/> Reg	11/14/2014	372486	Wise, Charity	446.67	0.00
9021	<input type="checkbox"/> Reg	11/14/2014	372486	Wise, Charity	46.17	0.00
9022	<input type="checkbox"/> Reg	11/14/2014	875489	Verlooy, Laurie	1,100.51	0.00
9023	<input type="checkbox"/> Reg	11/14/2014	024246	Lundberg, Juliana	2,085.22	0.00
9024	<input type="checkbox"/> Reg	11/14/2014	024246	Lundberg, Juliana	184.70	0.00
9025	<input type="checkbox"/> Reg	11/14/2014	40859	Rose, Jennifer	1,858.25	0.00
9026	<input type="checkbox"/> Reg	11/14/2014	40859	Rose, Jennifer	173.35	0.00
9027	<input type="checkbox"/> Reg	11/14/2014	861711	Van Overmeiren, Melissa	1,466.02	0.00

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Bank Account	Transit Number	Bank Name	Description	Net Amount	Dir Dep	Net Check
4308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT			
Check/Voucher	Check Type	Check Date	Payable to Id Name	Net Amount	Dir Dep	Net Check
9028	<input type="checkbox"/> Reg	11/14/2014	861711 Van Overmeiren, Melissa	173.35	0.00	173.35
9029	<input type="checkbox"/> Reg	11/14/2014	725053 Broadwell, Catherine	942.87	0.00	942.87
9030	<input type="checkbox"/> Reg	11/14/2014	725053 Broadwell, Catherine	184.70	0.00	184.70
9031	<input type="checkbox"/> Reg	11/14/2014	660670 Fitch, Christine	1,360.36	0.00	1,360.36
9032	<input type="checkbox"/> Reg	11/14/2014	660670 Fitch, Christine	184.70	0.00	184.70
9033	<input type="checkbox"/> Reg	11/14/2014	428148 Wickstrom, Marilyn	237.93	0.00	237.93
9034	<input type="checkbox"/> Reg	11/14/2014	768955 Aiken, Candy	447.38	0.00	447.38
9035	<input type="checkbox"/> Reg	11/14/2014	581245 Burke, Linda	1,272.19	0.00	1,272.19
9036	<input type="checkbox"/> Reg	11/14/2014	581245 Burke, Linda	1,290.32	0.00	1,290.32
9037	<input type="checkbox"/> Reg	11/14/2014	581245 Burke, Linda	120.73	0.00	120.73
9038	<input type="checkbox"/> Reg	11/14/2014	904048 Jacobson, Sherry	1,255.46	0.00	1,255.46
9039	<input type="checkbox"/> Reg	11/14/2014	904048 Jacobson, Sherry	184.70	0.00	184.70
9040	<input type="checkbox"/> Reg	11/14/2014	722914 Johns, Barbara	360.06	0.00	360.06
9041	<input type="checkbox"/> Reg	11/14/2014	068375 Kotz, Ashley	258.08	0.00	258.08
9042	<input type="checkbox"/> Reg	11/14/2014	213493 Lowery, Justin	181.50	0.00	181.50
9043	<input type="checkbox"/> Reg	11/14/2014	904274 Riley, Jessica	262.69	0.00	262.69
9044	<input type="checkbox"/> Reg	11/14/2014	923913 Sjogren, Daniel	516.19	0.00	516.19
9045	<input type="checkbox"/> Reg	11/14/2014	623137 Turnvall, Patricia	829.27	0.00	829.27
9046	<input type="checkbox"/> Reg	11/14/2014	623137 Turnvall, Patricia	173.35	0.00	173.35
9047	<input type="checkbox"/> Reg	11/14/2014	945711 Van Overmeiren, Amber	427.24	0.00	427.24
9048	<input type="checkbox"/> Reg	11/14/2014	947024 Vnuk, Ross	642.93	0.00	642.93
9049	<input type="checkbox"/> Reg	11/14/2014	523171 Wicklund, Joanne	838.27	0.00	838.27
9050	<input type="checkbox"/> Reg	11/14/2014	523171 Wicklund, Joanne	123.35	0.00	123.35
9051	<input type="checkbox"/> Reg	11/14/2014	623919 Brock, Wanda	1,133.97	0.00	1,133.97
9052	<input type="checkbox"/> Reg	11/14/2014	623919 Brock, Wanda	184.70	0.00	184.70
9053	<input type="checkbox"/> Reg	11/14/2014	172188 Carr, Amanda	149.38	0.00	149.38
9054	<input type="checkbox"/> Reg	11/14/2014	920067 Coone, Steven	760.47	0.00	760.47
9055	<input type="checkbox"/> Reg	11/14/2014	866817 Doolittle, Robin	445.84	0.00	445.84
9056	<input type="checkbox"/> Reg	11/14/2014	152643 Downs, Cody	683.01	0.00	683.01
9057	<input type="checkbox"/> Reg	11/14/2014	669468 Graskey, Jean	1,272.23	0.00	1,272.23
9058	<input type="checkbox"/> Reg	11/14/2014	669468 Graskey, Jean	184.70	0.00	184.70
9059	<input type="checkbox"/> Reg	11/14/2014	581015 Odell, Barbara	740.40	0.00	740.40
9060	<input type="checkbox"/> Reg	11/14/2014	581015 Odell, Barbara	184.70	0.00	184.70
9061	<input type="checkbox"/> Reg	11/14/2014	928543 Sawyer, Donna	767.77	0.00	767.77
9062	<input type="checkbox"/> Reg	11/14/2014	902439 Thompson, Tamara	581.51	0.00	581.51
9063	<input type="checkbox"/> Reg	11/14/2014	081820 Warner, Katrina	1,072.70	0.00	1,072.70
9064	<input type="checkbox"/> Reg	11/14/2014	081820 Warner, Katrina	173.35	0.00	173.35
9065	<input type="checkbox"/> Reg	11/14/2014	561027 Duffy, Thomas	1,386.18	0.00	1,386.18
9066	<input type="checkbox"/> Reg	11/14/2014	561027 Duffy, Thomas	184.70	0.00	184.70
9067	<input type="checkbox"/> Reg	11/14/2014	158365 Graskey, Mitchell	658.60	0.00	658.60
9068	<input type="checkbox"/> Reg	11/14/2014	158365 Graskey, Mitchell	46.17	0.00	46.17
9069	<input type="checkbox"/> Reg	11/14/2014	470918 Anderson, Ian	1,417.55	0.00	1,417.55
9070	<input type="checkbox"/> Reg	11/14/2014	470918 Anderson, Ian	184.70	0.00	184.70
9071	<input type="checkbox"/> Reg	11/14/2014	483478 Christianson, Joan	1,230.47	0.00	1,230.47
9072	<input type="checkbox"/> Reg	11/14/2014	483478 Christianson, Joan	1,115.25	0.00	1,115.25
9073	<input type="checkbox"/> Reg	11/14/2014	483478 Christianson, Joan	184.70	0.00	184.70
9074	<input type="checkbox"/> Reg	11/14/2014	847349 Dolsen, Brenda	782.85	0.00	782.85
9075	<input type="checkbox"/> Reg	11/14/2014	847349 Dolsen, Brenda	612.52	0.00	612.52
9076	<input type="checkbox"/> Reg	11/14/2014	847349 Dolsen, Brenda	173.35	0.00	173.35
9077	<input type="checkbox"/> Reg	11/14/2014	086992 Gervais, Destiny	1,077.49	0.00	1,077.49
9078	<input type="checkbox"/> Reg	11/14/2014	086992 Gervais, Destiny	184.70	0.00	184.70
9079	<input type="checkbox"/> Reg	11/14/2014	761881 Miner, Mary	817.27	0.00	817.27
9080	<input type="checkbox"/> Reg	11/14/2014	761881 Miner, Mary	184.70	0.00	184.70
Totals for Payroll Checks			128 Items	86,869.31		86,869.31
Third Party and Misc Checks						
Check/Voucher	Check Type	Check Date	Payable to Id Name	Net Amount	Dir Dep	Net Check
9081	<input type="checkbox"/> Agency	11/14/2014	22 WI SCTF	126.46	0.00	126.46
9082	<input type="checkbox"/> Agency	11/14/2014	6 WI COUNCIL 40, PER CAPITA	694.83	0.00	694.83
9083	<input type="checkbox"/> Agency	11/14/2014	81 HARTFORD LIFE	164.16	0.00	164.16
9084	<input type="checkbox"/> Agency	11/14/2014	DOLB Range Credit Bureau Inc	196.54	0.00	196.54
9085	<input type="checkbox"/> Agency	11/14/2014	THOMT Minnesota Child Support Payment	92.47	0.00	92.47
9086	<input type="checkbox"/> Tax	11/14/2014	WI THIS IS NOT A VALID CHECK	4,539.87	0.00	4,539.87
100977	<input type="checkbox"/> Tax	11/14/2014	FITW NATIONAL BANK OF COMMEI	26,242.67	26,242.67	0.00
100978	<input type="checkbox"/> Transfer	11/13/2014	Billing Proliant Atlanta	545.45	545.45	0.00
Totals for Third Party and Misc Checks			8 Items	32,602.45	26,788.12	5,814.33

Check Register	St Francis Home In The Park	Check Date: 11/14/2014	Page 3
	Company (GA0582)	Pay Period: 10/27/2014 to 11/09/2014	
		Process: 2014111401	

Totals for Account 9071064308	Check Type	Count	Net Amount	Dir Dep	Net Check
	Agency	5	1,274.46	0.00	1,274.46
	Reg	128	86,869.31	0.00	86,869.31
	Tax	2	30,782.54	26,242.67	4,539.87
	Transfer	1	545.45	545.45	0.00
	Totals	136	119,471.76	26,788.12	92,683.64

Account Totals	Account	Count	Net Amount	Dir Dep	Net Check
	9071064308	136	119,471.76	26,788.12	92,683.64
	Totals	136	119,471.76	26,788.12	92,683.64

Check Register

St Francis Home In The Park

Check Date: 11/28/2014

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Company (GA0582)

Pay Period: 11/10/2014 to 11/23/2014

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Process: 2014112801

Bank Account
4308Transit Number
091800028Bank Name
NATIONAL BANK OF COMMERCE,Description
CLIENT

Payroll Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9087	<input type="checkbox"/> Reg	11/28/2014	82444	Edwards, Molly	435.70	0.00	435.70
9088	<input type="checkbox"/> Reg	11/28/2014	999873	Gainey, Mark	898.11	0.00	898.11
9089	<input type="checkbox"/> Reg	11/28/2014	999873	Gainey, Mark	308.92	0.00	308.92
9090	<input type="checkbox"/> Reg	11/28/2014	027089	Godbold, Jennifer	1,468.71	0.00	1,468.71
9091	<input type="checkbox"/> Reg	11/28/2014	027089	Godbold, Jennifer	184.70	0.00	184.70
9092	<input type="checkbox"/> Reg	11/28/2014	235000	Hieb, April	1,269.84	0.00	1,269.84
9093	<input type="checkbox"/> Reg	11/28/2014	235000	Hieb, April	173.35	0.00	173.35
9094	<input type="checkbox"/> Reg	11/28/2014	789981	Johnson, Karen	2,107.72	0.00	2,107.72
9095	<input type="checkbox"/> Reg	11/28/2014	789981	Johnson, Karen	306.68	0.00	306.68
9096	<input type="checkbox"/> Reg	11/28/2014	199409	Johnston, Hannah	1,830.33	0.00	1,830.33
9097	<input type="checkbox"/> Reg	11/28/2014	199409	Johnston, Hannah	184.70	0.00	184.70
9098	<input type="checkbox"/> Reg	11/28/2014	944582	Kovach, Jessica	1,265.84	0.00	1,265.84
9099	<input type="checkbox"/> Reg	11/28/2014	944582	Kovach, Jessica	184.70	0.00	184.70
9100	<input type="checkbox"/> Reg	11/28/2014	157910	Nelson, Brittini	1,587.68	0.00	1,587.68
9101	<input type="checkbox"/> Reg	11/28/2014	157910	Nelson, Brittini	609.83	0.00	609.83
9102	<input type="checkbox"/> Reg	11/28/2014	923629	Prock, Kelly	2,185.37	0.00	2,185.37
9103	<input type="checkbox"/> Reg	11/28/2014	747018	Ayers, Lauri	528.18	0.00	528.18
9104	<input type="checkbox"/> Reg	11/28/2014	066163	Radtke, Alecia	1,186.91	0.00	1,186.91
9105	<input type="checkbox"/> Reg	11/28/2014	999870	Schnepper, Dawn	2,308.22	0.00	2,308.22
9106	<input type="checkbox"/> Reg	11/28/2014	846167	Swonger, Ilo	1,303.55	0.00	1,303.55
9107	<input type="checkbox"/> Reg	11/28/2014	887403	Anderson, Brenda	747.55	0.00	747.55
9108	<input type="checkbox"/> Reg	11/28/2014	841445	Anderson, Tina	1,115.73	0.00	1,115.73
9109	<input type="checkbox"/> Reg	11/28/2014	139922	Androski, Katie	513.58	0.00	513.58
9110	<input type="checkbox"/> Reg	11/28/2014	139922	Androski, Katie	91.00	0.00	91.00
9111	<input type="checkbox"/> Reg	11/28/2014	961250	Ayers, Meagen	825.72	0.00	825.72
9112	<input type="checkbox"/> Reg	11/28/2014	115245	Beckwell, Lily	585.76	0.00	585.76
9113	<input type="checkbox"/> Reg	11/28/2014	157977	Belanger, Sarah	273.24	0.00	273.24
9114	<input type="checkbox"/> Reg	11/28/2014	864510	Birk, Randal	809.53	0.00	809.53
9115	<input type="checkbox"/> Reg	11/28/2014	999875	Bodendorfer, Alexandra	587.15	0.00	587.15
9116	<input type="checkbox"/> Reg	11/28/2014	920865	Chiles, Sarah	684.16	0.00	684.16
9117	<input type="checkbox"/> Reg	11/28/2014	290506	D'Auria, Kiley	694.03	0.00	694.03
9118	<input type="checkbox"/> Reg	11/28/2014	925354	Degraef, Elizabeth	1,333.84	0.00	1,333.84
9119	<input type="checkbox"/> Reg	11/28/2014	734876	DeMoure, Brooke	448.29	0.00	448.29
9120	<input type="checkbox"/> Reg	11/28/2014	22780	Espejo, Carolyn	860.61	0.00	860.61
9121	<input type="checkbox"/> Reg	11/28/2014	848810	Hall, Angela	387.62	0.00	387.62
9122	<input type="checkbox"/> Reg	11/28/2014	116920	Houle, Marcia	511.45	0.00	511.45
9123	<input type="checkbox"/> Reg	11/28/2014	983557	Howes, Kathlina	1,139.96	0.00	1,139.96
9124	<input type="checkbox"/> Reg	11/28/2014	677791	Jillson, Laura	440.06	0.00	440.06
9125	<input type="checkbox"/> Reg	11/28/2014	686608	Johnson, Joan	631.50	0.00	631.50
9126	<input type="checkbox"/> Reg	11/28/2014	702301	Kidder, Rebecca	343.49	0.00	343.49
9127	<input type="checkbox"/> Reg	11/28/2014	25628	Kolehmainen, Tiffany	499.19	0.00	499.19
9128	<input type="checkbox"/> Reg	11/28/2014	231832	Kozak, Casey	535.46	0.00	535.46
9129	<input type="checkbox"/> Reg	11/28/2014	154173	Loughren, Samantha	539.85	0.00	539.85
9130	<input type="checkbox"/> Reg	11/28/2014	114097	Lundgren, Danielle	384.37	0.00	384.37
9131	<input type="checkbox"/> Reg	11/28/2014	787262	Neigebauer, Tara	1,303.51	0.00	1,303.51
9132	<input type="checkbox"/> Reg	11/28/2014	82333	O'Flanagan, Andrea	665.36	0.00	665.36
9133	<input type="checkbox"/> Reg	11/28/2014	922627	Outzen, Jennifer	669.56	0.00	669.56
9134	<input type="checkbox"/> Reg	11/28/2014	801276	Peterson, Shelley Marie	72.52	0.00	72.52
9135	<input type="checkbox"/> Reg	11/28/2014	667800	Radtke, Kathleen	991.34	0.00	991.34
9136	<input type="checkbox"/> Reg	11/28/2014	393759	Reed, Toni	202.73	0.00	202.73
9137	<input type="checkbox"/> Reg	11/28/2014	747465	Rogers, Amber	654.41	0.00	654.41
9138	<input type="checkbox"/> Reg	11/28/2014	540652	Ross, Margaret	789.29	0.00	789.29
9139	<input type="checkbox"/> Reg	11/28/2014	085921	Sanders, Courtney	552.43	0.00	552.43
9140	<input type="checkbox"/> Reg	11/28/2014	113942	Schnautz, Amber	157.89	0.00	157.89
9141	<input type="checkbox"/> Reg	11/28/2014	139608	Sherlock, Kelly	38.59	0.00	38.59
9142	<input type="checkbox"/> Reg	11/28/2014	296045	Strandness, Kayla	853.01	0.00	853.01
9143	<input type="checkbox"/> Reg	11/28/2014	393281	Vang, Jiyon	521.39	0.00	521.39
9144	<input type="checkbox"/> Reg	11/28/2014	291643	Vukelich, Sarah	504.04	0.00	504.04
9145	<input type="checkbox"/> Reg	11/28/2014	945947	Winkler-Peterson, Angala	917.14	0.00	917.14
9146	<input type="checkbox"/> Reg	11/28/2014	372486	Wise, Charity	446.99	0.00	446.99
9147	<input type="checkbox"/> Reg	11/28/2014	875489	Verlooy, Laurie	1,396.22	0.00	1,396.22
9148	<input type="checkbox"/> Reg	11/28/2014	024246	Lundberg, Juliana	2,085.22	0.00	2,085.22
9149	<input type="checkbox"/> Reg	11/28/2014	024246	Lundberg, Juliana	184.70	0.00	184.70
9150	<input type="checkbox"/> Reg	11/28/2014	40859	Rose, Jennifer	1,858.24	0.00	1,858.24
9151	<input type="checkbox"/> Reg	11/28/2014	40859	Rose, Jennifer	173.35	0.00	173.35
9152	<input type="checkbox"/> Reg	11/28/2014	861711	Van Overmeiren, Melissa	1,466.02	0.00	1,466.02
9153	<input type="checkbox"/> Reg	11/28/2014	725053	Broadwell, Catherine	898.16	0.00	898.16
9154	<input type="checkbox"/> Reg	11/28/2014	660670	Fitch, Christine	1,360.38	0.00	1,360.38
9155	<input type="checkbox"/> Reg	11/28/2014	270287	Susnik, Aili	214.45	0.00	214.45
9156	<input type="checkbox"/> Reg	11/28/2014	428148	Wickstrom, Marilyn	213.44	0.00	213.44
9157	<input type="checkbox"/> Reg	11/28/2014	768955	Aiken, Candy	512.16	0.00	512.16
9158	<input type="checkbox"/> Reg	11/28/2014	581245	Burke, Linda	1,290.31	0.00	1,290.31
9159	<input type="checkbox"/> Reg	11/28/2014	581245	Burke, Linda	119.51	0.00	119.51
9160	<input type="checkbox"/> Reg	11/28/2014	904048	Jacobson, Sherry	1,255.46	0.00	1,255.46
9161	<input type="checkbox"/> Reg	11/28/2014	904048	Jacobson, Sherry	184.71	0.00	184.71

Check Register

St Francis Home In The Park

Check Date: 11/28/2014

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Company (GA0582)

Pay Period: 11/10/2014 to 11/23/2014

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Process: 2014112801

Bank Account	Transit Number	Bank Name	Description				
308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT				
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9162	<input type="checkbox"/> Reg	11/28/2014	722914	Johns, Barbara	359.77	0.00	359.77
9163	<input type="checkbox"/> Reg	11/28/2014	068375	Kotz, Ashley	396.27	0.00	396.27
9164	<input type="checkbox"/> Reg	11/28/2014	213493	Lowery, Justin	185.94	0.00	185.94
9165	<input type="checkbox"/> Reg	11/28/2014	904274	Riley, Jessica	296.60	0.00	296.60
9166	<input type="checkbox"/> Reg	11/28/2014	923913	Sjogren, Daniel	429.07	0.00	429.07
9167	<input type="checkbox"/> Reg	11/28/2014	623137	Turnvall, Patricia	812.30	0.00	812.30
9168	<input type="checkbox"/> Reg	11/28/2014	945711	Van Overmeiren, Amber	56.31	0.00	56.31
9169	<input type="checkbox"/> Reg	11/28/2014	947024	Vnuk, Ross	525.98	0.00	525.98
9170	<input type="checkbox"/> Reg	11/28/2014	523171	Wicklund, Joanne	933.17	0.00	933.17
9171	<input type="checkbox"/> Reg	11/28/2014	623919	Brock, Wanda	1,168.13	0.00	1,168.13
9172	<input type="checkbox"/> Reg	11/28/2014	172188	Carr, Amanda	138.56	0.00	138.56
9173	<input type="checkbox"/> Reg	11/28/2014	920067	Coone, Steven	838.67	0.00	838.67
9174	<input type="checkbox"/> Reg	11/28/2014	866817	Doolittle, Robin	761.01	0.00	761.01
9175	<input type="checkbox"/> Reg	11/28/2014	152643	Downs, Cody	509.80	0.00	509.80
9176	<input type="checkbox"/> Reg	11/28/2014	669468	Graskey, Jean	1,272.25	0.00	1,272.25
9177	<input type="checkbox"/> Reg	11/28/2014	581015	Odell, Barbara	896.34	0.00	896.34
9178	<input type="checkbox"/> Reg	11/28/2014	928543	Sawyer, Donna	655.02	0.00	655.02
9179	<input type="checkbox"/> Reg	11/28/2014	902439	Thompson, Tamara	523.02	0.00	523.02
9180	<input type="checkbox"/> Reg	11/28/2014	081820	Warner, Katrina	1,072.70	0.00	1,072.70
9181	<input type="checkbox"/> Reg	11/28/2014	081820	Warner, Katrina	173.35	0.00	173.35
9182	<input type="checkbox"/> Reg	11/28/2014	999876	Abrahamson, Travis	365.52	0.00	365.52
9183	<input type="checkbox"/> Reg	11/28/2014	999877	Cozzi, Terry	229.60	0.00	229.60
9184	<input type="checkbox"/> Reg	11/28/2014	561027	Duffy, Thomas	1,342.85	0.00	1,342.85
9185	<input type="checkbox"/> Reg	11/28/2014	561027	Duffy, Thomas	184.70	0.00	184.70
9186	<input type="checkbox"/> Reg	11/28/2014	158365	Graskey, Mitchell	731.13	0.00	731.13
9187	<input type="checkbox"/> Reg	11/28/2014	999878	Rankin, Damen	88.31	0.00	88.31
9188	<input type="checkbox"/> Reg	11/28/2014	470918	Anderson, Ian	1,450.84	0.00	1,450.84
9189	<input type="checkbox"/> Reg	11/28/2014	470918	Anderson, Ian	184.70	0.00	184.70
9190	<input type="checkbox"/> Reg	11/28/2014	483478	Christianson, Joan	1,217.83	0.00	1,217.83
9191	<input type="checkbox"/> Reg	11/28/2014	483478	Christianson, Joan	423.71	0.00	423.71
9192	<input type="checkbox"/> Reg	11/28/2014	847349	Dolsen, Brenda	782.85	0.00	782.85
9193	<input type="checkbox"/> Reg	11/28/2014	847349	Dolsen, Brenda	431.70	0.00	431.70
9194	<input type="checkbox"/> Reg	11/28/2014	086992	Gervais, Destiny	1,077.50	0.00	1,077.50
9195	<input type="checkbox"/> Reg	11/28/2014	086992	Gervais, Destiny	304.98	0.00	304.98
9196	<input type="checkbox"/> Reg	11/28/2014	761881	Miner, Mary	816.47	0.00	816.47

Totals for Payroll Checks	110 Items	79,501.66		79,501.66
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Third Party and Misc Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9197	<input type="checkbox"/> Agency	11/28/2014	22	WI SCTF	126.46	0.00	126.46
9198	<input type="checkbox"/> Agency	11/28/2014	6	WI COUNCIL 40, PER CAPITA	770.74	0.00	770.74
9199	<input type="checkbox"/> Agency	11/28/2014	81	HARTFORD LIFE	174.23	0.00	174.23
9200	<input type="checkbox"/> Agency	11/28/2014	DOLB	Range Credit Bureau Inc	281.17	0.00	281.17
9201	<input type="checkbox"/> Agency	11/28/2014	THOMT	Minnesota Child Support Payment	92.47	0.00	92.47
9202	<input type="checkbox"/> Tax	11/28/2014	WI	THIS IS NOT A VALID CHECK	4,185.18	0.00	4,185.18
100979	<input type="checkbox"/> Tax	11/28/2014	FITW	NATIONAL BANK OF COMMEI	24,269.69	24,269.69	0.00
100980	<input type="checkbox"/> Transfer	11/26/2014	Billing	Proliant Atlanta	244.75	244.75	0.00

Totals for Third Party and Misc Checks	8 Items	30,144.69	24,514.44	5,630.25
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Totals for Account 308

Check Type	Count	Net Amount	Dir Dep	Net Check
Agency	5	1,445.07	0.00	1,445.07
Reg	110	79,501.66	0.00	79,501.66
Tax	2	28,454.87	24,269.69	4,185.18
Transfer	1	244.75	244.75	0.00
Totals	118	109,646.35	24,514.44	85,131.91

Account Totals

Account	Count	Net Amount	Dir Dep	Net Check
9071064308	118	109,646.35	24,514.44	85,131.91
Totals	118	109,646.35	24,514.44	85,131.91

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: N/A BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$ _____
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ **(a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation:** _____

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

NAME OF BANK: N/A BRANCH:

ACCOUNT NAME: ACCOUNT #

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust/>

CHECK				
<u>DATE</u>	<u>NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
TOTAL				<u>(d)</u>

SUMMARY OF TAXES PAID

Payroll Taxes Paid	<u>(a)</u>
Sales & Use Taxes Paid	<u>(b)</u>
Other Taxes Paid	<u>(c)</u>
TOTAL	<u>(d)</u>

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
TOTAL				(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2)	(Column 3)	(Column 4)
Location of Box/Account	Maximum Amount of Cash in Drawer/Acct.	Amount of Petty Cash On Hand At End of Month	Difference between (Column 2) and (Column 3)
Business Office	\$10,000.00	9,057.62	942.38
TOTAL		\$ 9,057.62	(b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation See Attached


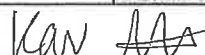
TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ _____

(c)

(c) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

PETTY CASH RECEIPT

10-30-14

ITEM DESCRIPTION OR SERVICE PURCHASED		AMOUNT
KARISSA GUEST BON OF # 8649		
dated 10-17-14		
CHARGE TO ACCOUNT # 1-0000-1130100	TOTAL	425.26
Approved by 	Received by 	

45001

291973470
10/23/2014
0004400062

~~This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.~~

~~RETURN REASON (A)~~
~~NSF~~

0000000000
[29]973470] 10/20/2014

NSF

ST FRANCIS HOME IN THE PARK (GA0592)
1800 NEW YORK AVENUE
SUPERIOR, WI 54880

Check Date
October 17, 2014

Check Number
7/47

Pay d'ua
'Apuaru

Four Hundred Twenty Five Dollars and Twenty Six Cents

5000000 42526
1000000 1000000

Pay by:
the order of

01/03/83 6201 64577 2449 6
Karlska Patrice Gustafson
611 24th Ave E
Apt 203
Superior, WI 54880

[Signature]
 ALBERT J. GORDON

00000008649 1:09 18000281 9071064308

110000008649114109180002810

9071064308110 0000004252610

PETTY CASH RECEIPT	
Date <u>10-30-14</u>	No. _____
ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
KARISSA GUSTAFSON #ck# 8648	
dated 10-17-14	
CHARGE TO ACCOUNT # <u>1-0000-1130100</u>	TOTAL <u>1,488.14</u>
Approved by <u>[Signature]</u>	Received by <u>X Kaw [Signature]</u>

45001

291973470
10/23/2014
0004400058
This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON (A)
NSF

000000000000
[291973470] 10/20/2014

NSF

NATIONAL BANK OF COMMERCE	
ST FRANCIS HOME IN THE PARK (GA0582) 1800 NEW YORK AVENUE SUPERIOR, WI 54880	Check Date October 17, 2014
	Check Number 8648
Pay this Amount: One Thousand, Four Hundred Eighty Eight Dollars and Fourteen Cents	50000 1,488.14
	VOID AFTER 30 DAYS
Pay to the order of: Karissa Patricia Gustafson 611 24th Ave E Apt 203 Superior, WI 54880	<u>[Signature]</u> Authorized Signature

00000008648 1:0918000281: 9071064308*

1100000008648114:0918000281: 9071064308* 11000014881411

C.O.D.

TRI-STATE BUSINESS SYSTEMS INC
715-392-6221
2829 BANKS AVENUE
SUPERIOR WI 54880
CUSTOMER # 1208 DEPT
BILLING ADDRESS
ST FRANCIS HOME IN THE PARK
1800 NEW YORK AVENUE
SUPERIOR WI 54880

10/24/14 239050-0
SALESMAN 8001 TIME 05:59:47
WRITER 127 PAGE 1
FEDERAL #391086730
PO #MARY
SHIPPING ADDRESS
ST FRANCIS HOME IN THE PARK
COD \$104.95
1800 NEW YORK AVENUE
SUPERIOR WI 54880

ITEM NBR.	CO.	DESCRIPTION	UNIT	QTY	ORDER	B/O	SHIP	UNIT D	EXTENDED
104	IVR	TONER, CAN MF4150, BK	EA	1			1	75.000 N	75.00
XR9WE2S	CSO	CASSETTE, 2/PK, BK ON	PK	1			1	29.950 N	29.95
**									
**									
THANK YOU MARY!!!									
HAVE A NICE WEEKEND!!!									
KATHY									
SHIPPED WEIGHT (2.350)									


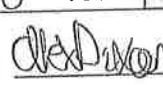
THIS IS YOUR ORIGINAL INVOICE - NET 10 DAYS

SUB-TOTAL 104.95

TOTAL 104.95

PETTY CASH RECEIPT

Date 10-24-14 No. _____

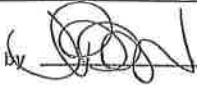
ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Tri State	
CHARGE TO ACCOUNT # 1-1311-6600400	TOTAL 104.95
Approved by 	Received by 

45001

Paid
AD

RECEIPT

No. _____

ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Plant Supplies Bldg	
	130.55
CHARGE TO ACCOUNT # 1-1304-6225-205	TOTAL 300.00
Approved by 	Received by J. Griskey

45001

Use Your  2%
BIG CARD REBATE
MENARDS®

MENARDS - SUPERIOR
4425 Tower Ave.
Superior, WI 54880

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

As noted below allowable returns for
is on this receipt will be in the form
of an in store credit voucher if the
return is done after 02/05/15

If you have questions regarding the
charges on your receipt, please
email us at:
SUPRfrontend@menards.com



Sale Transaction

3 DUST CONTROL-PAIL	
82 3 @14.58	43.74
SHIPPING SPONGE F/M 3PACK	
66 2 @4.99	9.98
CARRERA WHITE TILE *	
16	1
TONES 1.5" STRAIGH	
55 2 @5.79	
EY RAIL WHT/SN	
13 5 @6.49	
HOUSE 120# 4PK	
37 2 @4.98	
HOUSE 80# 4PK	
38 3 @4.98	
IS Co-WI TAX 5.50%	1
SALE	5.55
	11.00
CHANGE	9.45-

SAVINGS 0.00

NUMBER OF

YOU, Yr ar01

09 2 09:55AM 3139

Monday, November 3, 2014 4:57 PM



[Your Orders](#) | [Your Account](#) | [Amazon.com](#)

Shipping Confirmation

Order #103-3170216-7179465

Hello Jean M. Graskey,

Thank you for shopping with us. We thought you'd like to know that AZ Partsmaster shipped your items, and that this completes your order. Your order is on its way, and can no longer be changed. If you need to return an item from this shipment or manage other orders, please visit [Your Orders on Amazon.com](#).

Your estimated delivery date is:

Thursday, November 6, 2014 -

Wednesday, November 12, 2014

Why tracking information may not be available?

Your order was sent to:

Jeanie Graskey
1800 NEW YORK AVE
ST. FRANCIS HOME IN THE PARK
SUPERIOR, WI 54880-2008
United States

This shipment does not have an associated tracking or delivery confirmation number.

GET \$70 INSTANTLY when you get the Amazon.com Rewards Visa Card



[Learn more](#)

Shipment Details

24x Acrylic Threaded Globe Light Fixture by
American-De Rosa Lamparts, Inc. - 6 Inch, White
Sold by AZ Partsmaster
Condition: New



\$165.12

Item Subtotal: \$165.12
Shipping & Handling: \$12.13
Total Before Tax: \$177.25
Total: **\$177.25**
cover: \$177.25

PETTY CASH RECEIPT

Date

11-5-14

No.

ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Plant Binding Supplies	
CHARGE TO ACCOUNT # 1-1304-6225205 TOTAL	177.25
Approved by	Received by

45001

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
 P.O. BOX 9475
 MINNEAPOLIS, MN 55480
 PLEASE FOLD REVERSE SIDE: www.moneygram.com

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/
 MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

10625296323
 135 NN 97810682921005
 RECEIPT RECEBO
 10/28/14 \$226.79 01
 MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
 P.O. BOX 9475
 MINNEAPOLIS, MN 55480
 PLEASE FOLD REVERSE SIDE: www.moneygram.com

EMPLOYEE
 715 (12/12) 700/1 4000
 M 7227-V
 V DETACH HERE V

Moneygram.

ORDER ACKNOWLEDGEMENT

fax: 585-248-3939
www.gabrielfirst.com

Order Number	920359-0
Printed Date	09/09/2014
Ordered Date	09/09/2014
Page	1

This is Not an Invoice

Bill to: St Francis in the Park Rehab
1800 New York Ave
Superior, WI 54880

Ship to: St Francis in the Park Rehab
1800 New York Ave
Superior, WI 54880

Attn:

Cust Code	Ordered By	FOB	Customer PO	Ship Via	Terms
44609	Ms Jeanie Graskey	SHIPPING POINT	V: Jeanie	Fed-Ex Ground	NET 30 DAYS
Qty	U/M	Item #	Description	Price	Extension
1	EA	T-100105	Art of Cleaning Starter Kit	34.9500	34.95
1	PKG	T-100325E	UG Kit for Elect Burnishing Ultra Gloss "Wet Look" Starter Kit	69.0000	69.00
1	EA	T-100313	Spec Offer Tantum-1 Carpet Pre	15.0000	15.00
1	BX	100714	PUMICE SCOURING STICK 12ea/bx	46.9200	46.92
1	EA	77100-01	6" Med Duty Long Hdl Scraper Each	43.4200	43.42
1	PK	77115-01	Scraper Blades 6" 10 Blades per Pack	17.5000	17.50
1	EA	FLYER	CURRENT SHOPPING GUIDE	0.0000	0.00
				SubTotal	226.79
				Total	226.79

ORDER ACKNOWLEDGEMENT

585-248-3939
www.gabrielfirst.com

Order Number	920359-0
Printed Date	09/09/2014
Ordered Date	09/09/2014
Page	1

This is Not an Invoice

Bill to: St Francis in the Park Rehab
1800 New York Ave
Superior, WI 54880

Ship to: St Francis in the Park Rehab
1800 New York Ave
Superior, WI 54880

Attn:

Cust Code	Ordered By	FOB	Customer PO	Ship Via	Terms
44609	Ms Jeanie Graskey	SHIPPING POINT	V: Jeanie	Fed-Ex Ground	NET 30 DAYS
Qty	U/M	Item #	Description	Price	Extension
1	EA	T-100105	Art of Cleaning Starter Kit	34.9500	34.95
1	PKG	T-100325E	UG Kit for Elect Burnishing Ultra Gloss "Wet Look" Starter Kit	69.0000	69.00
1	EA	T-100313	Spec Offer Tantum-1 Carpet Pre	15.0000	15.00
1	BX	100714	PUMICE SCOURING STICK 12ea/bx	46.9200	46.92
1	EA	77100-01	6" Med Duty Long Hdl Scraper Each	43.4200	43.42
1	PK	77115-01	Scraper Blades 6" 10 Blades per Pack	17.5000	17.50
1	EA	FLYER	CURRENT SHOPPING GUIDE	0.0000	0.00
				SubTotal	226.79
				Total	226.79

Freight charges are prepaid and added to invoice unless otherwise specified

Store# 4937
1611 Tower Avenue
Superior WI 54880-5336

(715) 392-373

No.

45001

Figure 1

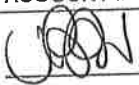
Sub Total	\$104.41
GENERAL EXEM	\$0.00
SALES TAX	\$4.17
Total	\$108.58
Cash	\$150.00

PETTY CASH RECEIPT

Date

11-12-14

No.

ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Plant - Rent - Blading Supplies	
CHARGE TO ACCOUNT # 1-1304-6225-205 TOTAL	107.87
Approved by 	Received by

45001



SHERWIN-WILLIAMS.

SUPERIOR Store 3006

2001 TOWER AVE
SUPERIOR WI 54880 2538
(715)392-9296
Fax (715) 392-4451
www.sherwin-williams.com

SALE

Trans # 5985-4

E11/10859

KEVIN

7:49am
11/12/14
10

Order # OE0070223Q3006

ST FRANCIS IN THE PARK

Account XXXX-0065-8

Job 1 ST FRANCIS IN THE PARK

Bill to:

ST FRANCIS IN THE PARK

1600 NEW YORK AVE

SUPERIOR WI 54880 2008

8503-62916 5 GAL B20W4651

PM 400 0 EG EXTRA

5.00 @ 20.45

102.25

Color: S85205 COMFORT GRAY

CCE*Color Cast 0Z 32 64 128

01 Black 2 16 - -

02 New Green - 17 1 -

03 Deep Gold - 58 1 1

Sher-Color Formula

SUBTOTAL

102.25

5.500% SALES TAX:1-505488000

5.62

CASH TENDERED

-110.00

CHANGE DUE

2.13

TOTAL

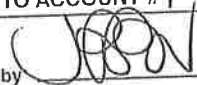
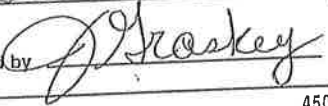
\$107.87

PETTY CASH RECEIPT

Date

11-13-14

No.

ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Plant Supplies	
CHARGE TO ACCOUNT # 1-1304-6180-800 TOTAL	65.77
Approved by 	Received by 

45001

MENARDS - SUPERIOR
4425 Tower Ave.
Superior, WI 54880

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 02/11/15

If you have questions regarding the charges on your receipt, please email us at:

suprfrntend@menards.com



Sale Transaction

ICE MELT 50# BAG END ICE 62.34
651509 6 @10.39
TOTAL 62.34
DOUGLAS Co-WI TAX 5.50% 3.43
TOTAL SALE 65.77
CASH 65.77

TOTAL NUMBER OF ITEMS = 6

THE FOLLOWING REBATE RECEIPTS WE
PRINTED FOR THIS TRANSACTION:

1114

THANK YOU, YOUR CASHIER, Jan

98290 05 5037 11/13/14 07:42

Use Your **2%**
BIG CARD REBATE
MENARDS

MENARDS - SUPERIOR
4425 Tower Ave.
Superior, WI 54880

O'Reilly AUTO PARTS
OFFICE P.O. BOX 1130, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333
BILL TO 999990 SHIP TO

STORE PHONE # 715-392-5466
ADDRESS: 122 BELKNAP STREET
SUPERIOR WI 54880-0926
REMIT TO: PO BOX 9464
SPRINGFIELD MO 65801-9464

CASH SALE
WE APPRECIATE YOUR
FEEDBACK. SEE INVITATION
BELOW FOR SURVEY 00000

INVOICE NUMBER 1507-12801
INVOICE TYPE CASH SALE
INVOICE DATE 11/07/14

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 02/05/15

If you have questions regarding the
charges on your receipt, please
email us at:
SUPRfrontend@menards.com



Sale Transaction

COUNTER NO.		SPECIAL INSTRUCTIONS					SHIP VIA		CUSTOMER ORDER NO.		TIME OF ORDER		FILLED BY		CHECKED BY		
26029											13:10:50						
TAX	R C	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE					
				WE VALUE YOUR OPINION! ENTER TO WIN \$5000 CASH @OREILLYCARES.COM OR 800-300-5904													
				ENTER 15073111280533. RULES AT OREILLYCARES.COM. DISPONIBLE EN ESPANOL.													
				1 PFM M592DB	ST		10PC SKT SET	28.80	16.99			16.99					
				LIMITED LIFETIME WARRANTY													
TOTALS		CUSTOMER COPY "We appreciate your business"						28.80	16.99			SUB-TOTAL	16.99				
CUSTOMER SIGNATURE _____								CASH TEND.	20.00		MISC.		17.92				
								CHANGE	2.00		TAX / FEES		.93				
												TOTAL		17.92			

ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

Visit Us At: www.oreillyauto.com

2 GAL COMPRESSOR
2071525
15PC. AIR ACCESSORY KIT
2074791

TOTAL 77.97
DOUGLAS Co-WI TAX 5.50% 4.29
TOTAL SALE 82.26
CASH 100.00
CHANGE 17.74-

TOTAL NUMBER OF ITEMS = 2

THANK YOU, YOUR CASHIER, Kristine

51159 05 2765 11/07/14 12:41PM 3139

59.99 Returns
17.98 TAX .98 = 18.96
18.96

PETTY CASH RECEIPT	
Date <u>11-7-14</u>	No. _____
ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
Plant-Supplies Dept	84.08
	70.58
	18.96
	17.92
	191.54
CHARGE TO ACCOUNT # <u>1-1304-6100 800</u>	TOTAL <u>200.00</u>
Approved by <u>[Signature]</u>	Received by <u>[Signature]</u>

45001

C.O.D.

FRI-STATE BUSINESS SYSTEMS INC
715-392-6221
2829 BANKS AVENUE
SUPERIOR WI 54880
CUSTOMER # 1208 DEPT
BILLING ADDRESS
ST FRANCIS HOME IN THE PARK
1800 NEW YORK AVENUE
SUPERIOR WI 54880

COD
INVOICE
ROUTE # 01

11/11/14 240628-0
SALESMAN 1705 TIME 06:50:27
WRITER 127 PAGE 1
FEDERAL #391086730
PO #MARY
SHIPPING ADDRESS
ST FRANCIS HOME IN THE PARK
COD \$ 266.24
1800 NEW YORK AVENUE
SUPERIOR WI 54880

ITEM NBR.	CO.	DESCRIPTION	UNIT	ORDER QTY	B/O QTY	SHIP QTY	UNIT PRICE	EXTENDED
OX9001	CAS	PAPER, XERO, WHT, 8.5X11	RM	50		50	4.390 N	219.50
72220	UNV	CLIP, JUMBO, SMOOTH, 1M	BX	10		10	.800 N	8.00
103614	PAC	PAPER, CONST, 12X18, 50	PK	3		3	4.305 P	12.92
103620	PAC	PAPER, CONST, 12X18, 50	PK	3		3	4.305 P	12.92
103613	PAC	PAPER, CONST, 12X18, 50	PK	2		2	4.300 N	8.60
103624	PAC	PAPER, CONST, 12X18, 50	PK	1		1	4.300 N	4.30

**
**

THANK YOU BRENDA!!!
ENJOY YOUR DAY!!!
KATHY
SHIPPED WEIGHT (268.760)

THIS IS YOUR ORIGINAL INVOICE - NET 10 DAYS

SUB-TOTAL 266.24

TOTAL 266.24

PETTY CASH RECEIPT	
Date <u>11-11-14</u>	No. _____
ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
<u>Fri State - Office Supplies</u>	
CHARGE TO ACCOUNT # <u>1-1311-6100 400</u>	TOTAL <u>266.24</u>
Approved by <u>[Signature]</u>	Received by <u>[Signature]</u> AD

45001

Sales Receipt

2805 Karl Ave.
Duluth, MN 55811

Date	Sale No.
10/29/2014	937

Sold To
St Francis Nursing Home 1800 New York Ave Superior WI 54880 Accounts Payable

Check No.	Payment Method	Project

Description	Qty	Rate	Amount
Stretcher Transport/Evelyn Gasske from Miller Dwan		135.00	135.00
Mileage Surcharge Stretcher	8	2.75	22.00

PETTY CASH RECEIPT

Date 10-29 No. _____

ITEM DESCRIPTION OR SERVICE PURCHASED	AMOUNT
<i>Evelyn Gasske 10-29</i>	
CHARGE TO ACCOUNT # <u>1-1415-6125810</u>	TOTAL <u>157.00</u>
Approved by <i>[Signature]</i>	Received by <i>[Signature]</i>

45001

Phone 218-727-ROLL
(7655)

Total \$157.00

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 11/3/14 Period ending 11/30/14

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

Name of Officer or Owner	Title	Payment Description	Amount Paid
<u>Nonapplicable</u>			

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	<u>21</u>	<u>63</u>
Number hired during the period	<u>0</u>	<u>4</u>
Number terminated or resigned during period	<u>1</u>	<u>4</u>
Number of employees on payroll at end of period	<u>20</u>	<u>63</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
<u>See attached</u>					

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse
<u>Nonapplicable</u>			

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monument Corner Dr. #500 Fairfax, VA 22030 Robert Schumann		CONTACT NAME: Kelly Harney PHONE (A/C, No, Ext): 703-359-8100 E-MAIL ADDRESS: kharney@hamiltoninsurance.com FAX (A/C, No): 703-359-8108	
		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London	NAIC # AA112
INSURED HP/Superior, Inc. dba St. Francis in the Park Health and Rehabilitation Center (Debtor in Possession) 1800 New York Avenue Superior, WI 54880		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TBD RETRO: 12/30/2014	12/30/2014	12/30/2015	EACH OCCURRENCE \$ 100,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Prof Liab Includ						PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALLOWED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: HP Superior, Inc. d/b/a St. Francis in the Park Health & Rehabilitation Center, 1800 New York Avenue, Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

FORINF- For Information Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert Schumann

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.
5605 Glenridge Drive - Suite 300
Atlanta, GA 30342

CONTACT NAME: Keri Devine

PHONE (A/C, No, Ext): 404 497-7500

FAX (A/C, No):

E-MAIL ADDRESS: kdevine@mcgriff.com

INSURED
Superior Healthcare Investors, Inc.
AllaCare Corporation
HP Holdings, Inc.
5895 Windward Parkway
Suite 200
Alpharetta, GA 30004

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Travelers Casualty & Surety Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: WLAKXCW4

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GENT. AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	CRIME			105519064	11/01/2014	11/01/2015	E.L. DISEASE - POLICY LIMIT \$
							Employee Dishonesty Retention \$ 1,000,000
							\$ 25,000
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis In the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

Capital Source Finance
4445 Willard Ave., 12th Floor
Chevy Chase, MD 20815

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

POLICY NUMBER: 42 UEN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF THE DECLARATIONS - ADDITIONAL PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED INSUREDS

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

ALTA CARE CORPORATION

LOCATION

ADDITIONAL INSURED

ST FRANCIS

HP/SUPERIOR, INC.



CERTIFICATE OF LIABILITY INSURANCE

ALTAC-1

OP ID: GF

DATE (MM/DD/YYYY)

04/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monument Corner Dr. #500 Fairfax, VA 22030 Robert Schumann		Phone: 703-359-8100 Fax: 703-359-8108	CONTACT NAME: Kelly Harney PHONE (A/C No., Ext.): 703-359-8100 FAX (A/C No.): 703-359-8108 E-MAIL ADDRESS: KHarney@hamiltoninsurance.com
INSURED AltaCare Corporation 5895 Windward Parkway S-200 Alpharetta, GA 30005		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		42 UEN JF9456	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

INFOO-5

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Robert Schumann

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Client#: 1107110

11STFRANCH

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER BB&T Insurance Services, Inc. P.O. Box 2190 Phone - 770-664-6818 Alpharetta, GA 30023	CONTACT NAME: PHONE (A/C, No, Ext): 770 664-6818 FAX (A/C, No): 888-827-9870 E-MAIL ADDRESS:																					
INSURED HP Superior Inc dba St Francis in the Park Health and Rehabilitation Center 5895 Windward Pkwy, Suite 200 Alpharetta, GA 30005	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Amerisure Insurance Company</td><td>19488</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Amerisure Insurance Company	19488	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Amerisure Insurance Company	19488																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

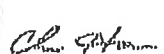
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TBD	07/13/2014	07/13/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Proof of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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PRODUCER
MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.
5605 Glenridge Drive - Suite 300
Atlanta, GA 30342

CONTACT NAME: Kerl Devine

PHONE (A/C, No, Ext): 404 497-7500

FAX (A/C, No):

E-MAIL ADDRESS: kdevine@mcgriff.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Casualty & Surety Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Superior Healthcare Investors, Inc.
AltaCare Corporation
HP Holdings, Inc.
5895 Windward Parkway
Suite 200
Alpharetta, GA 30004

COVERAGES

CERTIFICATE NUMBER: WLKXCW4

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	POLICY PRO-JECT LOG						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	OCCUR CLAIMS-MADE						\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WO STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	CRIME			105519064	11/01/2014	11/01/2015	Employee Dishonesty Retention \$ 1,000,000 \$ 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis In the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



EVIDENCE OF PROPERTY INSURANCE

WLA0XCW4

DATE (MM/DD/YYYY)
10/31/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342		PHONE (A/C, No, Ext): 404 497-7500	COMPANY Affiliated FM Insurance New Providence Corp. 2000 River Edge Parkway Atlanta, GA 30328-4652	
FAX (A/C, No):	E-MAIL ADDRESS: kdevine@mcgriff.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 43465			LOAN NUMBER	
INSURED Superior Healthcare Investors, Inc. AltaCare Corporation HP Holdings, Inc. 5895 Windward Parkway Suite 200 Alpharetta, GA 30004			POLICY NUMBER GL967	
			EFFECTIVE DATE 11/01/2014	EXPIRATION DATE 11/01/2015
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
St. Francis In the Park Health & Rehabilitation
1800 New York Ave.
Superior, WI 54880

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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
SEE ATTACHED		

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

ACORD 27 (2009/12)

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Attachment Evidence of Property Insurance

St. Francis in the Park Heath & Rehabilitation

COVERAGE INFORMATION		
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Value – Replacement Cost/Special Form	\$ 8,798,103	\$10,000
Contents - Replacement Cost/Special Form	\$ 1,234,800	\$10,000
Business Income/Extra Expense – Actual Loss Sustained	\$ 1,500,000	\$10,000
Flood Sublimit	\$25,000,000	\$100,000
Earthquake Sublimit	\$25,000,000	\$100,000
Boiler & Machinery Property Damage – Included		\$10,000
Boiler & Machinery Business Interruption		Average Daily Value
Certified Acts of Terrorism Included		
Demolition and Increased Cost of Construction		
Item A: Undamaged Portion	Policy Limit	
Item B: Demolition	\$5,000,000	
Item C: Compliance with the Law	Included in Item B	
Item D: Business Interruption	Included in Item B	



THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towne Square, Ste 1470
Southfield, MI 48076
Telephone: 248-281-0281
Fax: 248-750-0431

Continuation Certificate

WI Department of Health & Family Services
1 W Wilson St
Madison, Wisconsin 53702

In accordance with the terms of the Bond or Statute, you are hereby given written notice of the continuation of the following bond:

Bond Number 95004525

issued to St. Francis In the Park Health & Rehab Center
in favor of WI Department of Health & Family Services
described as Patient Fund Bond

Continuation shall be effective on 9/28/2014 and expire on 9/28/2016.

This bond continues in force to the above expiration date provided that losses and recoveries on it and all endorsements shall never exceed the penalty set forth in the bond, no matter how long this bond is in force.

In witness whereof, The Guarantee Co. Of North America USA has caused this instrument to be signed by its duly authorized Attorney-In-Fact this 29th day of September, 2014.

St. Francis In the Park Health & Rehab Center
Principal

By: [Signature]

By: [Signature]
Keith Parnell, Attorney-In-Fact



The Guarantee Company of North America USA
Southfield, Michigan

POWER OF ATTORNEY

POWER OF ATTORNEY NUMBER (must match bond number on bond): 95004625

Patient Fund Bond

Forty Five Thousand Dollars (\$45,000.00)

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Keith Parnell, Fairfax, VA

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of Article IX, Section 9.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, It is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, It is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 8th day of December 2011, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this Instrument to be signed and its corporate seal to be affixed by its authorized officer, this 23rd day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

Stephen C. Ruschak, Vice President

Randall Musselman, Secretary

STATE OF MICHIGAN
County of Oakland

On this 23rd day of February, 2012 before me came the individuals who executed the preceding Instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said Instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of



Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA offices the day and year above written.

I, Randall Musselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.



IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 29th day of September, 2014

Randall Musselman, Secretary

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before Nonapplicable.

CERTIFICATE OF SERVICE

This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee
362 Richard Russell Federal Building
75 Spring Street, S. W.
Atlanta, Georgia 30303

This 13th day of March, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.



J. ROBERT WILLIAMSON

Georgia Bar No. 765214

ASHLEY REYNOLDS RAY

Georgia Bar No. 601559

Counsel for the Debtor

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Atlanta, GA 30303
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